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ESTIMATES COMMITTEE (1982-83)

(SEVENTH LOK SABHA)

FIFTY-THIRD REPORT

ON

MINISTRY OF HEALTH AND FAMILY WELFARE— MEDICAL RELIEF, EDUCATION, TRAINING & RESEARCH

AUTHENTICATED

Chairman,
Estimates Committee

Presented to Lok Sabha on 29th April, 1983

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(1982-83)

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(1982-83)

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INTRODUCTION

I, the Chairman of Estimates Committee having been authorised by the Committee to submit the Report on their behalf, present this Fifty-Third Report on the Ministry of Health and Family Welfare—Medical Relief, Education, Training and Research.

2. The Committee took evidence of the representatives of the Ministry of Health and Family Welfare on 30 and 31 December, 1982 and 24 January, 1983. The Committee wish to express their thanks to the officers of the Ministry for placing before them the material and information which they desired in connection with the examination of the subject and giving evidence before the Committee.

3. The Committee also wish to express their thanks to the following Non-Officials for giving evidence and making valuable suggestions to the Committee :

(i) Dr. K.N. Rao, former Director General, Health Services, and

(ii) Dr. P.S. Jain, Secretary, Medical Council of India

4. The Committee also wish to express their thanks to other Organisations and individuals who furnished memoranda on the subject to the Committee.

5. The report was considered and adopted by the Committee on 27 April, 1983.

6. For facility of reference and convenience, the recommendations and observations of the Committee have been printed in thick type in the body of the Report, and have also been reproduced in a consolidated form in the Appendix to the Report.

NEW DELHI ;
April 27, 1983
Vaisakha 7, 1905 (S)

BANSI LAL,
Chairman,
Estimates Committee.

CHAPTER I

MEDICAL RELIEF

A. Role of the Ministry—Medical Relief/Public Health

1.1 Public Health and Sanitation, hospitals and dispensaries fall under the State List. In other words Medical relief is the responsibility of the States. The Ministry has, however, intimated that in actual practice the Government of India has been providing substantial assistance to the States for the implementation of important health and family welfare programmes. Many priority programmes receive 100% assistance while others receive support on a shared pattern basis. It has been claimed that the Government of India, within the overall availability of resources, does its best to assist the States in combating communicable and non-communicable diseases and is providing specialist medical care facilities.

1.2 In a memorandum furnished to the Committee by a former DGHS it has been stated that "There is at present no adequate instruments of control, direction and coordination by the Ministry of Health." Further, the Ministry instead of serving the country as a stimulator for progress (in the field of Medical Relief, Education and research etc.) is running a few hospitals and medical centres inadequately in Delhi.

1.3 During evidence, the Committee asked in what way the Ministry provided direction and how did it monitor implementation of various health schemes by the States, apart from providing financial assistance. In reply the Health Secretary Stated :—

> "It is incorrect to say that there is no adequate control, direction and co-ordination by the Ministry of Health with regard to the implementation of important health and family welfare programmes, in which Central assistance is provided to the State Governments.
>
> ** ** **
>
> The Government of India, through the forum of the Five Year Plans, have been providing the framework to give a direction and support to various important programmes in the field of health. Family welfare programme is totally Centrally funded, though it implemented through the medium of the State and the Union Territory administrations. The second important programme is the provisions of universal primary health care. Some of the schemes under this programme, like under the Minimum Needs Programme, are funded 100 per cent by us. Some

other schemes are funded 50 per cent by us. Control of leprosy and control of blindness are funded by us 100 per cent. National malaria eradication programme and tuberculosis programme are funded by us on 50 : 50 basis. Some other programmes also we support in a major way."

1.4 As regards the system of monitoring the implementation progress of various Health Programmes/Schemes, the Health Secretary explained that :

"(1) The State Governments and Union Territories are required to furnish monthly, quarterly and annual progress reports.

** ** **

(2) Officers of the family planning and health centres visit Union Territories and State Govts., and physically check and otherwise discuss with the State Governments. On the spot instructions are given to the State functionaries with regard to the implementation of the programme.

(3) For the last one year we have meetings of the Regional Officers in each headquarters.

(4) Progress of implementation of these schemes is reviewed by the Health Minister and the senior officers in the Regional Meetings of the Health Ministry.

(5) Central Council of Health and Family Welfare meets every year. For four days they go thoroughly into each question."

1.5. Medical Relief is the responsibility of the States, but in actual practice the Government of India is providing substantial assistance to the States for the implementation of important Health and Family Welfare Programmes. Many Priority Programmes like Family Welfare, Control of Leprosy and Control of Blindness receive 100 per cent assistance. The Committee do not consider the existing arrangement for monitoring the implementation of the Priority Programmes, adequate. They suggest that an integrated planning and monitoring cell should be established in the Ministry to ensure that the Programmes are formulated and implemented properly. The functions of the cell should also include State-wise annual appraisal of implementation of the Programmes and undertaking on the spot studies with a view to suggesting corrective measures promptly. The results of such appraisals should be published in the Annual Reports and Performance Budget of the Ministry for information of Parliament.

B. National Health Policy

1.6 The Ministry of Health and Family Welfare, on 2nd November, 1982 laid on the Table of both the Houses of Parliament, a copy of the National Health Policy.

1.7 Following are the salient features as stipulated in the National Health Policy :

(*i*) *Need for evolving a health policy*

India is committed to attaining the goal of 'Health for All by the year 2000 A.D.' through the universal provision of comprehensive primary health care services. The attainment of this goal requires a thorough overhaul of the existing approaches to the education and training of medical and health personnel and the reorganisation of the health services infrastructure. Further more, considering the large variety of inputs into health, it is necessary to secure the complete integration of all plans for health and human development with the overall national socio-economic development process.

(*ii*) *Need for providing primary health care with special emphasis on the preventing promotive and rehabiltative aspects*

1.8 Presently, despite the constraint of resources, there is disproportionate emphasis on the establishment of curative centres-dispensaries, hospitals, institutions far specialist treatment—the large majority of which are located in the urban areas of the country. The vast majority of those seeking medical relief have to travel long distance to the nearest curative centre, seeking relief for ailments which could have been readily and effectively handled at the community level.

(*iii*) *Decentralisation of Services/Referral System*

1.9 The decentralisation services would require the establishment of a well worked out referral system to provide adequate expertise at the various levels of the organisational set up nearest to the community, depending upon the actual needs and problems of the areas, and thus ensure against the continuation of the existing rush towards the curative centres in the urban areas. The effective establishment of the referral system would also ensure the optimal utilisation of expertise at the higher levels of the heirarchical structure.

(*iv*) *Medical and Health Education—Community Health Care*

1.10 It is also necessary to appreciate that the effective delivery of health care services would depend very largely on the nature of education, training and appropriate orientation towards community health of all categories of medical and health personnel and their performing given tasks within a coordinate action programme. It is, therefore, of crucial importance that the entire basis and approach towards medical and health education, at all levels, is reviewed in terms ofnational needs and priorities and the curricular

and training programmes restructed to produce personnel of various grades of skill and competence, who are professionally equipped and socially motivated to effectively deal with day-to-day problems.

(v) *Role of Voluntary Agencies in the Field of Health Care*

1.11 With a view to reducing governmental expenditure and fully utilising untapped resources, planned programmes may be devised, related to the local requirements and potentials, to encourage the establishment of practice by private medical professionals, increased investment by non-governmental agencies in establishing curative centres and by offering organised logistical, financial and technical support to voluntary agencies active in the health field.

1.12 During the evidence, the Committee wanted to know as to how the Government proposes to :

(a) review the entire basis and approach towards medical and health education at all levels in terms of national need and priorities and restructuring the curricular and training programme to produce right type of personnel ;

(b) correct imbalance between urban and rural areas in the field of medical relief ; and

(c) create need based curative and referral infrastructure "nearest to the community."

1.13. In reply, the Health Secretary stated :

> "The thinking of the Governments obviously is on the lines projected here.....We stand by that. This policy document has been evolved after a lot of thinking. Now it is before Parliament and it will be discussed there. Since new ideas would emerge from that and then we will concretely evolve time-bound programmes. We are going to evolve a national medical education policy also. There are a number of approaches in the existing medical education which need to be on the correct lines. For that, Government had set up a Medical Education Review Committee consisting of eminent people in the field of medical education, training and other related areas. A part of the report has already been received and the remaining part is expected within the month of January (1983) itself. Therefore, the recommendations will be speedily examined and concrete proposals evolved to apply correctives to determine the correct approach."

1.14 The Committee are happy to note that at long last Government have come out with a National Health Policy. The policy envisages the goal of "Health

for all" by the year 2000 AD and lays special emphasis on the preventive, promotive and rehabilitative aspects of health care in the country. The policy also stresses the need for decentralisation of the health services with emphasis on correcting rural and urban imbalances in the field of public health and medical relief. The Committee suggest that a perspective plan should be drawn up without loss of time to implement the policy with due regard to the need for balanced development. The Centre's responsibility for funding and other assistance should be clearly indentified and put on a firm basis so as to leave no uncertainly and effective institutional arrangement for ensuring implementation avoiding time and cost overcut evolved.

1.15 The Committee also welcome the appointment of the Medical Education Review Committee for evolving a national Medical Education Policy. The Committee hope that the final Report of the Review Committee would have by now been received and Government would be in a position to announce the Medical Education Policy consistent with the National Health Policy soon.

C. Medical Relief Facilities in Rural Areas

1.16 When asked about the medical relief facilities in rural areas, Health Secretary informed the Committee that Minimum Needs Programme was related to rural health. Its main planks were in respect of rural health needs, e.g. health guide scheme, establishment of sub-centres, basic training centre of model multi-purpose workers, training of specialist technicians, and other para-medical people required for rural medical services, training of rural health officers and multi-purpose workers for schemes under the Subsidiary Health Scheme etc.

1.17 Rural dispensaries were being covered by providing some inputs and making them subsidiary health cenres. Ultimately, these will be made primary health centres. Then there was the creation of new primary health centres, community health or upgraded centres etc. Out of the total health Plan allocation for the 6th Plan of Rs. 1821 crores which includes the States and Central allocations for the entire health needs of the country, Rs.576 crores have been provided for these schemes alone, which cater entirely to the rural areas. After the 6th Plan was prepared, an additional Rs. 151 crores have been diverted to this areas, from the Family Planning budget. In other words, now a total of Rs. 727 crores were earmarked for rural areas in the 6th Plan for Minimum Needs Programme, whose main accent is the provision of these services. In addition, for communicable diseases which occured to a large extent in rural areas, there was provision of Rs. 526 crores. In other words, roughly Rs. 1250 crores out of Rs. 1972 crores were going towards rural areas alone. Funds under Minimum Needs Programme could not be diverted to any other programme.

1.18 Rural dispensaries were run either by zilla parishads on others. They were curative in approach. Rs. 25,000/- were provided for each of such

dispensaries for additional equipment ; and Rs. 10,000/- per annum for additional drugs and Rs. 12,000/- for additional buildings. 2270 such dispensaries were expected to be converted into subsidiary health centres.

1.19 To correct rural/urban imbalance in the health Sector, Government was taking steps in a phased manner. In addition, to the rural dispensaries, in the next 18 to 20 years rural hospitals will be created which could be called the community health centres, with 30 beds and four or five specialities.

1.20 Ministry, in a note furnished to the Committee, has given statewise figures relating to the Sub-Centres, Primary Health Centres, Subsldiary Centres, upgraded PHCs/Community Health Centres, in position as on 1.4.1982 and programme for setting up more such centres by 1.4.1983. The position with regard to each category of these centres is as follow :—

	Sub Centres	Primary Health Centres	Subsidiary Health Centres	Upgraded PHC's/ Community Health Centres
No. in position as on 1.4.1982	56595	5859	2540	357
Likely achievement as on 1.4.83	7656	188	637	93

1.21 The details furnished by the Ministry indicate that in Karnataka, Kerala, Manipur, Sikkim, Tripura, Andaman & Nicobar Islands, Arunachal Pradesh, Chandigarh, Dadra Nagar Haveli, Goa, Daman and Diu, Lakshdwip and Pondicherry, there are no Subsidiary Health Centres at present and there is no programme to either to set up these Centres during the period ending 1.4.1983. Almost similar position, barring some States, is there with regard to setting up of upgraded PHCs/Community Health Centres.

1.22 The Ministry in a note furnished to the Committee stated that a Health Guide Scheme was in vogue in rural sector. According to this Scheme, one health guide will be selected for an average of 1000 rural population. In case this was not possible, one health guide could be selected for every village.

1.23 The health guides were normally women of acceptable age, and were able to read and write in the language of the area. The selected health guide had to undergo training for over a period of 200 hours in the nearest Primary Health Centre/Sub-Centre or other suitable place. The present total strength of the health guides as per information available upto 30.9.1982 was 227,582. The Scheme covers the State of Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Orissa, Sikkim, Tripura,

West Bengal, Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Delhi, Lakshadweep, Mizoram and Pondicherry these states have covered all the districts.

Andhra Pradesh, Assam, Karnataka, Meghalaya, Punjab, Rajasthan, Uttar Pradesh and Goa, Daman, and Diu will also fully cover their districts by 1983-84. Bihar will be the only State which will not be able to cover all the districts by 1983-84. The Health Guides are given Rs. 50/- per month as honorarium to meet out of pocket expenditure being incurred by them to visit the primary health centres, sub-centre, other villages etc. No emoluments or allowances are paid to health guide. The health guides are purely voluntary workers.

1.24 The Committee wanted to know whether equipment l ke microscope and slides etc., had been supplied to all the Primary Health Centres particularly in UP and Rajasthan and whether technicians were available to examine the blood slides etc. In reply, the representative of the Ministry of Health stated in evidence that :—

> "We have verified the position in Rajasthan. There are 230 P.H. Cs in position. There are 875 in U.P.....It has now been confirmed that the microscopic machinery and other equipment have been supplied by UNICEF. In fact these have been supplied to all the P.H.Cs."

1.25 On a question whether doctors were available in all the Primary Health Centre, Health Secretary stated :

> "Out of 5,500 PHCs which are functioning, there are only 36 P.H.Cs which have no doctors."

1.26 After pointing out that there was a general reluctance on the part of doctors to serve in rural or remote areas, the Committee asked what the Ministry proposed to do to get over this problem. In reply, the Health Secretary stated :

> "To encourage them, some of the State Governments have provided the following incentives to medical personnel who are serving in rural areas :
>
> (a) special allowance ;
>
> (b) rent free accommodation ;
>
> (c) preference for admission in post-graduate courses after rendering rural services ; and
>
> (d) higher age limit for retirement to those who serve in rural areas."

1.27 Health Secretary added that doctors who were serving in Central Health Services, were provided with the following incentives :—

(i) After serving in rural of difficult areas, they are given postings of their choice in urban areas as for as administratively feasible.

(ii) Study leave is granted more librally to those who serve in rural areas ;

(iii) Doctors serving in rural areas are provided adequate opportunities for improving their qualifications under various fellowship schemes of the Government of India and W.H.O."

Health Secretary assured :

> "We continuously keep on asking the State Governments to provide various incentives and encourage them to serve in rural areas."

1.28 Asked whether the Ministry had information that in some States medical students were required to execute a bond at the time of their admission in medical colleges that after passing out they undertake to serve in rural areas for some years, Health Secretary stated :—

> "Punjab has done, Madhya Pradesh has done."

1.29 Asked, whether the requirement of service in rural areas could not be made compulsory for all the medical colleges in the country, Health Secretary stated :

> "The Medical Education Review Committee also had made recommendations in this regard. They have come out with a number of suggestions ; what should be the conditions laid down at various levels, what other incentives should be there, and I think that these will also be quickly considered."

1.30 As regards supply of medicines to the Public Health Centres, the Health Secretary claimed :—

> "Till a few years back, say 3 years back i.e. before the Sixth Plan started, the total quantum of medicines provided per primary health centre was in the range of Rs. 26,000/- per year. Now the situation is that every PHC will have medicines worth about Rs. 1,22,000 to Rs. 1,25,000."

1.31 The Committee desired to know if the Government had any scheme for providing mobile dispensaries to cater to the needs of rural population.

Health Secretary stated in reply that :—

> "This scheme is called reorientation of medical education scheme, 106 medical colleges are there. Each medical college was given three mobile vans where even small operations can be done. The

idea was that all medical college would adopt one development block. Like that 106 × 3, that is 418 Development Block would be adopted."

1.32 The Commitee pointed out whether people in rural areas had to wait for mobile vans even for routine tests or blood, urine or stools, Health Secretary stated :

"We have provided these facilities as close to the people as possible rather than having mobile dispensaries.....Today the position is that health infrastructure is spreading very fast."

1.33 Out of a total Health Plan allocation of about 1972 crores in the 6th Plan, roughly Rs.1250 crores are stated to have been allocated for rural health/medical relief schemes. Medical relief facilities are provided in rural areas through the centrally assisted Minimum Needs Programme by opening of sub-centres, primary health centres, subsidiary health centres etc. There is also a health Guide Scheme exclusively catering to the health needs of the rural areas, according to which one Health Guide is provided for an average of 1000 rural population. From a note furnished by the Ministry it is seen that as on 1.4.1982 56595 sub-centres, 5853 primary Health Centres, 2540 subsidiary Health Centres and 357 upgraded PHCs/Health Centres are in position. During 1982-83, the ministary has the target of setting up 7656 more Sub-Centres, 188 Primary Health Centres, 637 Subsidiary Health Centres and 93 upgraded PHCs/Community Health Centres in various States. It is, however, surprising that in the States/Union Territories of Karnataka, Kerala, Manipur, Sikkim, Tripura, Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, Dadra and Nagar Haveli, Goa, Daman and Diu, Lakshadweep and Pondicherry there is neither any Subsidiary Health Centre at present nor there is any proposal to set up these by 1 April, 1983. Almost similar position obtains with regard to setting up of upgraded PHCs/Community Health Centres. The Committee would like to know the reasons for this state of affairs. The Committee desire that the Ministry should take the initiative in formulating these schemes for the regions which have not taken up these and ensure that there is a balanced development of the facilities in the remaining period of 6th Plan and in future Plan periods.

1.34 The Committee understand that, as on 1.4.1982, there are 5853 Primary Health Centres functioning in the country. These are medium type of medical centres to cater to the primary health and medical relief needs of the rural areas. The Committee have reasons to believe that all the inputs necessary for the meaningful functioning of these centres are actually not available. Health Secretary conceded in evidence that in 36 PHCs there were no doctors at present. If this is the position with regard to doctors, the position obtaining in regard to other inputs and their effectiveness can well be imagined. The Committee, therefore, desire that a machinery should be evolved in coordination with the Health

authorities of State Governments to ensure that there is not a single PHC which lacks any of the essential inputs including medicines.

1.35 The Committee note that as on 30.9.1982, 2,27,582 health guides were functioning in rural areas under the Health Guide Scheme. Many of the States and Union Territories are stated to have achieved the target of appointing the Health Guides in all the districts. Some of the States are stated to have the programme to cover all their districts by 1983-84, excepting the State of Bihar. The Committee desire that the Bihar Government should also be enable to cover all their districts under this scheme by 1983-84.

1.36 The Committee feel that paltry sum of Rs. 50/- given as honorariaum to the health guides to meet expenses towards visiting PHCs etc., is not adequate. They desire that its upward revision should be considered by the Ministry.

1.37 The Committee are told that to encourage doctors to serve in rural or remote areas, some of the States have made provision for incentives like special allowances, rent free accommodation, preference for admission in Post-Graduate Courses etc. Similarly, under the Central Services also some incentives like liberal grant of study leave and posting in areas of their choice after serving in rural areas, are stated to have been provided. The Committee desire that these incentives may be continued and improved upon so that experienced doctors are attracted to work in rural areas.

1.38 The Committee would like the Ministry to examine the possibility of introducing a scheme under which mobile dispensaries could be provided to the rural areas for Pathological tests like blood, urine and stools tests etc., so that the people living in far flung and remote areas, not connected with adequate transport facilities, are able to avail themselves of these facilities.

D. Appointment of Doctors from Indian Systems of Medicine

1.39 During evidence the Committee enquired whether doctors from Indian systems of Medicine were appointed in rural dispensaries/hospitals. In reply, Health Secretary explained that the country had a very large stock of health manpower, comprising of private practitioners in various systems *e.g.* ayurved, unani, siddha, homoeopathy, yoga and naturopathy. This vast resource had not so far been adequately utilized. The practitioners of these systems had high local acceptance and respect and, consequently exerted considerable influence on health beliefs and practices. It was, therefore, necessary to initiate and organise measures to enable each of the various systems of medicine and health care to develop according to their genius. It was a very important area and was given equal importance. But, at the same time, the witness, conceded that the Ministry had not been able to effect integration to the extent desired.

The integration had to be total, at the level of teaching, at the diagonistic and therapeutical level and in the supply of medicines. Towards this end, a number of schemes had been already drawn up during the Sixth Plan, and more were being thought of. There were four Central Councils—one each for Ayurveda and Siddha, Unani, Homoeopathy and for Yoga and Naturopathy.

1.40 Health Secretary claimed that the emphasis on Indian systems of medicine and naturopathy in the Ministry was substantial. In the Fifth Plan the outlay for the Indian systems and homoeopathy was Rs. 12.50 crores. In the Sixth Plan it was Rs. 29 crores. Ministry asked for enhancement at the time of mid-term appraisal. In addition, whenever the State Governments came for annual plan discussions and they made provision in their plan for opening more ayurvedic, homoeopathy and unani dispensaries, the Ministry supported them. In the primary health centres, in whose jurisdiction the village health guide scheme was being implemented, if there was a sanction for a third medical officer, states were free to appoint that doctor from any system.

1.41 Asked, whether the Ministry had left it to the discretion of the State Governments to decide whether they should have allopathy, ayurveda or homoeopathy, in dispensaries, the representative of the Ministry stated :

> "This matter was discussed at great length in the Central Health Council, where all the State Governments are members, and they said this latitude should be given to the State Governments, because they have their own problems."

1.42 Asked, what was the policy of various State Governments with regard to appointment of doctors from disciplines other than allopathy, representative of the Ministry stated :—

> "Wherever new public health centres are opened, it could be other than allopathic system. U.P. Government was one State which appointed every third doctor from Ayurveda and Unani systems. Allopathic doctors got a stay order from the Allahabad High Court. As a result they are not able to appoint any one."

1.43 Asked whether the Ministry was aware of the fact that most of the Ayurvedic doctors were unemployed in the country, the representative of the Ministry stated :

> "As far as the position regarding employment of doctors are concerned, graduates who come out of the Ayurvedic discipline or other disciplines are given major share in the opening of new dispensaries. For example, in the annual plan of Madhya Pradesh and in the annual plan of U.P., new dispensaries numbering about 50 to 60 are being opened in the Homoeopathic system or in the

Ayurvedic system. These are the new centres which are absorbing these doctors. In Karnataka, they have got Unani system. In Tamil Nadu, they have got Siddha System. It is not ayurveda or unani. The Siddha system is based on drugs derived from metallic substance.....they have a Siddha dispensary in every community development block. This is the extent to which the State Governments are taking interest in the promotion of Indian system of medicines."

1.44 The Committee were disappointed at the statement of the Health Secretary before them that although the country had a large stock of health manpower in various systems other than Allopathy e.g. Ayurveda, Unani, Siddha, Homoeopathy, Yoga and Naturopathy yet these resources had not so far been adequately utilised, although practitioners of these systems are known to have high local acceptance and respect in the community. It is only lately that the Ministry of Health have started laying emphasis on Indian systems of medicines, which the Committee welcome. The plan outlay for these systems during the 5th Plan was Rs. 12 50 crores whereas in the 6th Plan it was raised to Rs. 29 crores. The Committee desire that keeping in view the goal of health for all by the turn of the century, all available resources should be harnessed effectively and for this purpose there should be far greater allocation in future plans for the Indian systems of medicines.

1.45 State Governments have the discretion to decide which system of medicines they should have in the dispensaries they set up. Health Secretary stated that "U.P. Government was one state which appointed every third doctor from Ayurveda and Unani systems. Allopathic doctors got a stay order from the Allahabad High Court, as a result they are not able to appoint anyone". The Committee recommend that the Ministry should find a way out and if necessary State Governments should be advised to bring forward legislation so as to aequire power to choose any of the various medical systems for the new dispensaries they set up and for appointment of adequate number of medical personnel to man them.

E. Control of Major Diseases

Tuberculosis

1.46 The Ministry intimated that in so far as T.B. is concerned, the position is as under :—

A National Sample TB Survey was conducted by the Indian Council of Medical Research in the years 1955-58, which revealed that nearly 1.5% of the population is suffering from radiologically active TB disease of the lungs of which 8.4% are sputum positive or infectious. Subsequently, limited surveys

conducted in different parts of the country viz. at Delhi, Madnapalle, Bangalore, Tumkur etc., have confirmed the above findings. As per 1981 census' the total population of the country was about 580 million. As such, it was estimates that nearly 10 million persons were suffering from radiologically active TB.

1.47 During 6th Plan period with a total outlay of Rs 700 lakhs, material and equipment/anti TB drugs were supplied to the TB Centres of the States on 50:50 sharing basis between the Centre and the States.

1.48 The Task Force which was constituted by the Ministry of Health and Family Welfare to recommend specific measures for augmentation of services under the National TB Programme has, *inter-alia*, recommended that the essential schemes which had a direct bearing on the acceleration of case detection and treatment activities should be taken up as 100% Centrally Sponsored Schemes during the remaining years of 6th Plan period and sufficient funds provided for the purpose. The Task Force has recommended an outlay of about Rs. 55 crores in respect of the Centrally Sponsored Sector for the remaining years of 6th Plan period. The recommendations of the Task Force are still under consideration of the Planning Commission.

1.49 Explaining the position with regard to the allocation of funds for National T.B. Progamme in the 6th Plan, Health Secretary stated during evidence :—

> "Of the 400 TB Centres, we are funding the expenditure on 50:50 basis. We are in the Ministry trying to put it that it should be 100% funded so that we can really make a major dent in the programme.
>
> ** ** **
>
> Secondly, we have also set up a Group of TB Control, whose report has also come and it has indicated further directions where the programme can be made intensive. Thirdly, as per the existing situation, there are roughly 400 districts in the country, 353 districts are fully equipped with TB Centres. During 1983-84 and 1984-85, we would further equip all the districts of the country by setting up at least one TB centre in one district. Below the District Centre, there will be TB Clinics."

1.50 Asked as to what was the contribution of States in this programme, the representative of the Ministry stated :—

> "The State Governments provide, in fact, a larger amount for the control of TB. A good lot of the provision for the TB Control comes under the Non-Plan."

The representative of the Ministry added :—

"The TB Control went under the 20-Point Programme in January, this year. Immediately thereafter, we went into the question of financial requirements that would be needed to give the programme the real momentum that it deserves."

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For the year 1983-84, apart from the amount of Rs. 2 crores which we have been getting from the Planning Commission from the Central Plan every year, we have requested for an allocation of Rs. 8 crores. Then it might be possible for us to persuade the States to allocate more funds on the Non-Plan side. Even Rs. 10 crores will make a substantial improvement in the present resource position."

1 51 Conceding the gravity of the problem which needed effective measures to be evolved by the Ministry for eradication of this menacing diseases, Health Secretary stated :—

"TB is one of the important areas which needs to be dealt with effectively. Today, it is very large killer also. Almost 500,000 to 600,000 deaths are being caused every year due to TB alone."

The witness, however, pointed out that :—

"The funds for TB Control are inadequate. But to increase them, obviously, there are constraints of resources nationally and within competing sectors."

1.52 Asked about the desirability of a fresh survey of TB cases in the country in view of the fact that the earlier survey was done 15 years back, Health Secretary stated :—

"No doubt this survey was done 15 years back. This was also discussed at great lenght when I was present with the Member Planning Commission about a week back whether we should mount a major survey.....This exercise may involve a larger number of our infrastructure which may even effect the normal working of other schemes because the same people might be employed on the other work as well.

In other words, some sort of a limited survey may be done. That is only a simple registration system."

Leprosy

1.53 Health Secretary informed the Committee during evidence that roughly there were 3.5 million cases of leprosy in the country as per 1971

census. Today, out of 3.5 million cases 7.5 lakh cases, that is 26.7 or 27 per cent had already been detected and were under treatment and some of them were getting cured. An allocation of Rs. 40 crores was made in the Sixth Plan for eradication of leprosy at the instance of the Prime Minister. A Group constituted by the Ministry has given a report which will bring in far-reaching changes in dealing with the problem and more emphasis will be on a radical approach whose objective was to eradicate this scourage from this country. Based on this, Government was going to make major changes and Ministry's approach was that by the turn of the century this disease should be totally eradicated. A major change in the therapeutic system had been made and 80 lakhs cases could be cured by this method.

Malaria

1.54 About malaria, Health Secretary stated in evidence that at one stage Malaria had almost been eradicated from the country but due to certain reasons it had again started spreading. The reasons were neglect of spraying of insecticides leading to vector resistence. Anti-malaria drugs had become virtually ineffective. He stated that this was the position not only in India but throughout the tropical countries where malaria had again started spreading.

1.55 During 1976 the Ministry of Health drew a modified plan to fight malaria which brought significant results. In 1976, insidence of malaria was about 64 lakhs, in 1977 it was 47 lakhs; in 1978 it further dropped to 41 lakhs and in 1979 it was brought down to 30 lakhs. The incidence was thus brought down by about 50% during the period of 3 years. In 1981-82, incidence was further brought down by 20-25 per cent. During last year the incidence was 16.5 lakhs, whereas during the current year it came down to 12 lakhs.

1.56 The incidence of cereberal Malaria during 1976 was 7.53 lakhs. Last year it was 5,700 only. It was expected that it will keep on reducing. It has been claimed that the Ministry was monitoring Malaria control effectively and the figures were regularly collected from the Primary Health Centres in the country.

Polio

1.57 Health Secretary stated in evidence that the Ministry was monitoring a major plan for polio immunisation. Last year 24 lakhs newly born children were immunised for polio. Target for this year had been raised to 50 lakhs and next year it will be 75 lakhs. The Ministry's target was to reach the level of 1 crore per year by covering 80 per cent of newly born children. The Ministry expected that by 1986-87 the incidence of Polio will be very small.

1.58 Summing up, the Health Secretary stated that the country had made positive achievements since Independence, in the Health sector. He stated :—

> "But there are positive achievements in the field of health .....For instance, the small pox has been eliminated; the plague is no longer a problem, mortality from Cholera and other related diseases has decreased; Malaria has been brought down to a considerable level. The death rate which used to be 27.6 in 1951 has been brought down today to 13.5; in urban areas it is even less. The longivity which used to be 32 years is 52 years today."

1.59 The Committee are perturbed at the size of the population affected by major diseases like Tuberculosis (10 million) Leprosy (3.5 million) Malaria (1.2 million) and Polio in the country, which take a heavy toll of life year after year. Today T.B. is the largest killer and 5 to 6 lakh people are estimated to die of T.B. every year. The present system for detection and cure of the disease and the funds available therefor are admittedly totally inadequate. The Committee find that while programme of control of Leprosy is funded 100 percent by the Central Government, the Plan expenditure on Malaria Eradication Programme and Tuberculosis control is shared with States on 50:50 basis. The Committee recommend that the T.B. Control Programme should be given top priority and it should be a centrally sponsored programme fully funded by the Centre. The districts roughly about 50 where there are no TB Centres should be equipped with such Centres within the current Plan period.

F. Physical Medicine and Rehabilitation

1.60 All India Institute of Physical Medicine and Rehabilitation, Bombay is a pioneer Institute in the field of rehabilitation in the whole South East Asia. Ever since its inception, the Institute, previously known as 'Rehabcentre', has been serving tirelessly and rehabilitating the disabled segment of the population. The Government of India took over this Institute with effect from 1st October, 1961. Now, it has grown into a full-fledged Centre in the field of rehabilitation with the functions of teaching, training, research and production of mechanical and artificial appliances. This Institute has specialised medical services including a 35-beded hospital with a well equipped operation theatre for reconstructive surgery.

During their on-the-spot study tour to this Institute, the Study Group of the Estimates Committee found :

(i) That, although over the years the role and functions of the Institute have expanded, it is languishing for want of funds. The annual budget of Institute is only about Rs. 30 lakhs.

(ii) That there was need for closer coordination between the work being done in this field by the institutes under the Ministry of Health and the Department of Social Welfare.

1.61 The Committee desired to know the Ministry's view about the status role and functions of this Institute and the adequacy of resources placed at its disposal to carry out those functions. In reply, the Additional Secretary (Health) stated :--

> "I have visited this institute. I am greatly impressed by it. They are doing good work."

Secretary, Health assured that :—

> "We will make positive efforts to provide assistance and funds."

1.62 With regard to extension of the building of the Institute, the representative of the Ministry stated :—

> "There is space next to this building which you saw. The difficulty is that Bombay Municipal Corporation is not permitting to put up multistoreyed building on that plot. Bombay Urban Development Corporation have very strict standard. They have relaxed it to enable us to construct building on the vacant plot."

1.63 It was suggested to the Committee that there should be training workshops for the manufacture of artificial limb in all the medical colleges which have teaching facilities in the speciality of Physical Medicine and Rehabilitation. Asked as to what was the reaction of the Ministry to this suggestion, Health Secretary stated :—

> "While there is no objection to provide facilities as desired in this question, manufacture of artificial limbs will have to be done in a vast manner. We cannot do so because it will require a lot of money.
>
> Secondly, we can get some support from the Ministry of Social Welfare. So far as fitting of these appliances is concerned, this can be done by the Departments wherever possible."

1.64 Asked why the training in this field could not be imparted in all the medical colleges in the country, representative of the Ministry stated :—

> "I would like to give factual information, We have collected some information from the Minisiry of Social Welfare. They have a scheme of setting up of Limb Patting Centres in 26 medical colleges in the country. For each centre, they are giving Rs. 6 lakhs. The Centre at Trivandrum, Jaipur, Calicut, Pondicherry, Ahmadabad and Manipal are completed and commissioned. Now,

the centres at Gauhati, Srinagar, Bangalore, Bhopal, Indore, Jabalpur, Aurangabad, Patiala and Howrah are fully functional. In other centres numbering 11, the work of setting up of Limb Centre is in progress.....The 6th Plan target is setting up of centres in 26 medical colleges out of 106 medical colleges in the country."

1.65 Asked, whether it would not be advisable to have Institutes of this type in all the State Capitals, the Health Secretary stated :—

"I would submit that first we should think in terms of medical colleges, being the nodal point, rather than setting up Institutes of this nature We will like to go in this direction because the facilities are better to develop in more and more medical colleges."

1.66 The Committee wanted to know the position with regard to construction of a new building for the Rehabilitation Centre, at Safdarjung Hospital, New Delhi. In reply, representative of the Ministry stated in evidence : —

"A new building has to be constructed. There is one difficulty. When the plan of this size was almost finalised..... an idea arose of having a Centre Institute of Trauma in the premises of the All India Institute of Medical Sciences."

Health Secretary added :—

"The decision has since been taken. But internally, we are processing the case in the Ministry of Finance and in the Planning Commission to set up a most modernised Trauma Centre. Today, deaths from accidents are increasing tremendously."

We have already gone ahead in the sense that we have prepared a detailed proposal of having a 300 bed Centre with all the latest facilities and with a network of the flow of such cases. Such a Centre we intend to have in Delhi. Some such centres might come up in other important towns also. This decision has been taken and we are proceeding ahead with it. In the Mid-Term appraisal, we have asked for more money. We have asked for specific funds for this year also."

1.67 The Indian Association of Physiotherapists represented to the Committee that as Physiotherapy had now developed into a distinct super-speciality and physiotherapits had diagnostic, therapeutic and prognostic responsibilities, they should not be clubbed with other para-medical staff. They have urged for a separate statutory Physiotherapists' Council or their coverage by the existing Medical Council of India (MCI).

1.68 Asked, what was the reaction of the Government to this demand, the representative of the Ministry stated in evidence that :—

> "This is a demand made not only by the physiotherapists; but also by other categories of a related vintage....They have to be brought together under the aegis of Council. We have proposals for this Council, for this spectrum of professions. This requires the concurrence of the State Governments. We can introduce legislation only if they concur. In fact, two State Governments have opposed the constitution of a separate council. Maharashtra is a State where there is a concentration of physiotherapists and occupational therapists. They have not favoured the idea of instituting a separate council. Similarly, the Kerala Government is not in favour. We have not received the comments from U.P. and some other States. We are following it up with them...As soon as there is an agreement with the States we will be able to introduce the legislation."

1.69 Asked what was the number of physiotherapists and occupational therepists, in India today, the representative of the Ministry stated :—

> "There are about 1,000 physiotherapists and 760 occupational therapists."

1.70 Asked whether through a legislation amending the MCI Act, physiotherapists could be represented by the Medical Council of India, the representative of the Ministry stated :—

> "These are not medical personnel. Although they would not like to be called para medical they are professional. Medical Council of India is concerned with medical officers....Our attempt is to have a separate council for them but it takes a little time to get the concurrence."

1.71 The Physiotherapists have, in their memorandum placed before the Committee *inter alia* the following grievances :—

> "Since Physiotherapy has developed into a distinct super-speciality, the Deptt. of Physiotherapy should be directly under the administrative control of the Medical Superintendent incharge of the Hospital and that all posts in the Speciality should be made gazetted. That the existing avenues of promotion to the Physiotherapists are inadequate. As Physiotherapists also have tremendous scope for private practice, they should also be made eligible for non-practising allowance as in the case of Medical Officers."

1.72 With regard to demand for promotional avenues the representative of the Ministry stated : –

> "As far as avenues of promotion are concerned, we have got Departmental Council. Physiotherapists who are in Safdarjung

Hospital, who are in RML Hospital, who worried about promotional avenues, they have an opportunity through the Deptt. Council to come forward with specific proposals for the opportunities. In fact, the Departmental Council of the Ministry has got a separate Committee which deals with categories of personnel life physiotherapists."

1.73 Asked, whether in view of their representation to the Committee the Ministry could not look into the specific demand of promotional avenues, the representative of the Ministry assured that :—

"We will be too happy to create selection grades for them, to create posts in higher grades for them.... As far as physiotherapists are concerned we are very keen to help them.

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Physiotherapists and occupational therapists are crucial today in the field of medicine and physical rehabilitation. We will call them, talk to them and will certainly look into that. We will certainly ensure that their legitimate interests are taken care of.... the structure provides for giving them selection grade."

1.74 Asked whether the Ministry agreed that atleast two, and if possible, three promotions should be given to such class of personnel during their tenure of service, the representative of the Ministry said :—

"After discussing with them.... we will certainly do so. We can do so only with regard to hospitals under our control and..... ..... we will certainly examine that."

1.75 With regard to the demand for non-practising allowance the representative of the Ministry stated :—

"As far as the non-practising allowance is concerned, this issue has been gone into by Pay Commission. It has fixed specific criteria of the category to whom the non-practising allowance is admissible. They must perform clinical functions. A large number of other categories are demanding non-practising allowance, including nurses. The Joint Consulative Machinery has agreed to have a pay body soon. This is an issue where only the Pay Commission can decide. They will have to go before the pay body."

1.76 The All India Institute of Physical Medicine and Rehabilitation, Bombay is reported to be a pioneer Institute in the field of rehabilitation in the whole of South East Asia. During an on-the-spot study of the institute the Study Group of the Committee found that, though over the years the role and functions of the Institute had expanded, but it was languishing for want of funds. Health

Secretary, however, assured the Committee in evidence that "we will make a positive effort to provide assistance and funds." The Committee would await the concrete action taken in this regard to enable the institute to carry on its useful work in the field of rehabilitation of the Physically handicapped without serious constraints. The construction of the building for the expansion of the institute should also be taken up early as it has been agreed to by the Bombay Municipal Corporation.

1.77 A scheme of setting up limb fitting centres in 26 medical colleges in the country has been taken up with an allocation of Rs. 6 lakhs to each such college. Out of these 26 centres, 15 have already been commissioned and for the remaining 11 the work is in progress. The Committee desire that this work should be completed without delay. The Committee would like the Ministry to examine feasibility of extending this scheme to all the 108 medical colleges in the country in a phased manner.

1.78 The Committee greatly appreciate the idea of establishing a Central Institute of Trauma in the premises of the All India Institute of Medical Sciences. This is absolutely necessary in view of alarming increase in deaths due to accidents. The scheme should be taken up for implementation without delay and gradually extended to other important towns.

1 79 The Committee note from the memorandum of the Indian Association of Physiotherapists that this class of medical professionals has developed into a distinct super-speciality and they have diagnostic, therapeutic and prognostic responsibilities. In view of this position they have demanded a separate statutory Council for them. The Committee have been informed by the Representative of the Ministry that the Ministry has a proposal for constituting a separate Council for para medical Rehabilitation Profession but the legislation in this regard requires concurrence of the State Governments. He added : "our attempt is to have separate Council for them but it takes a little time to get the concurrence". The Committee desire that this process should be speeded up and necessary legislation put through. The Committee further suggest that the proposed legislation should provide for a separate cell for each of the constituents of the para medical Rehabilitation profession.

1.80 The association of the physiotherapists have also referred to the in adequate promotional avenues and their pay scales being not commensurate with their status and responsibilities. As admittedly "Physiotherapists and occupational therapists are crucial today in the field of medicine and physical rehabilitation", the Committee expect that the Ministry will carry out each of the assurance made before the Committee that "we will certainly ensure that their legitimate interests are taken care of .....we will be too happy to create selection grade, higher grades for them". The Committee feel that an entrant to Government service should have

at least three promotions during his entire career. This principle should be applicable to physiotherapists also. They further desire that the Physiotherapists should be given an independent and appropriate status.

1.81 The demand for grant of non-practising, allowance to physiotherapists appears to the Committee to be reasonable. They accordingly desire that this issue should be carefully considered by the Ministry. If it is not found feasible to grant them non-practising allowance they ought to be permitted to undertake Private Practice, which could improve their skills.

CHAPTER II

MEDICAL EDUCATION

A. Role of the Medical Council of India

2.1 Under the Constitution, 'Public Health', Hospital and Dispensaries are in the State List, Coordination and determination of standards for higher education or research and scientific and technical institutions as also Union Agencies and institutions for the promotion of special studies or research, fall in the Union List. 'Medical Education' was, however, placed in the Concurrent list by the Constitution (42nd Amendment) Act, 1976 which became effective from 3rd January, 1977.

2.2 In a recent editorial appearing in a national daily, a dismal picture was painted about the state of medical education in the country. The editorial stated :

(i) The MCI, a body responsible for monitoring standards in medical education is finding it difficult to meet this mandate in view of the fact that the Medical Institutions run by the state Governments are prominent violators of the Council's regulations;

(ii) Medical Colleges lack proper facilities and many of them are understaffed;

(iii) Defaulting medical colleges do not take corrective measures inspite of repeated advice from MIC;

(iv) The Council is a body which can advise the Government for derecognition of the defaulting institutions but the Government is not willing to implement Council's recommendations ;

(v) Other irregularities include unexceptional delays in examinations, massive cheating and irrational administration of the systems of reservations.

2.3 Asked, in what way the placement of Medical Education in the Concurrent List in 1977 had helped in improving the standard of medical education in the country, Health Secretary stated in evidence :

> "This will help in improving the standards of medical education in two positive ways. Firstly, this would enable the Government of India to bring forward the requisite legislation for necessary amend-

ments in the MIC Act, with a view to giving adequate powers to Council, as well as to the Central, Government, to perform the task assigned to them. Earlier, it was not possible because the subject was in State List.

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It is being proposed to bring in some amendments. Secondly, it will help, by bringing it into Concurrent List, to evolve a policy on medical education and to give the policy a legal frame.

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Our proposals of amendment are in a concrete form already in the Ministry...We have set up a Medical Education Review Committee whose recommendations have already come and after considering them we will be in a position to evolve a medical education policy like we have a national health policy... So, on both sides, the work has been done and it is going ahead and soon enough, may be next year (1983) it should be possible to do both the things".

2.4 Commenting on the functioning and powers of the Medical Council of India, a non-official opined as under :

"Medical Council of India today is a toothless paper tiger. It should be completely reorganised and made powerfull so that its directives are carried out and not defied with impunity".

2.5 Asked to comment on the above observations Health Secretary stated during evidence :

"The Medical Council of India today is responsible for the maintenance of minimum standards of medical education in the country. Under the existing Act, the Council has the power to inspect the examinations conducted by medical colleges and institutions and universities and to recommend recognitions of the qualifications granted by such institutions. There is also provision in the Act for withdrawal of recognition under Section 19 of the Act, of a particular college, but existing procedure is quite cumbersome".

2.6 Asked to spell out the powers of the Medical Council of India with regard to recognition and de-recognition of medical Institutions, Health Secretary stated :--

"The Medical Council of India has the powers of both recognition of the medical qualifications granted by the Universities or the medical institutions in India as per section 11 of the Act and also of derecognition of the Medical qualifications granted by the Universities and institutions under section 19 of the Act".

2.7 Asked whether this power was recommendatory or final, Health Secretary stated :

> "That is recommendatory. The final authority vests with the Government. Even if it is recommendatory, it is a very vital powers because that initiates the course forboth recognition as well as de-re cognition. The MCI is a crucial link here because the Government will only approve of what the MCI recommends".

2.8 The Committee wanted to know if according to the powers conferred on the Council by the MCI Act were adequate to achieve the objects of the Council, in reply, Health Secretary said :

> "Here my submission would be that the Central Government and the MCI should have more statutory powers for the reasons which I will enunciate. To require that prior approval is taken before any medical college imparting under-graduate medical education is established and for increasing the number of seats therein, today it is not possible to do so...Secondly, to require that the recognition be provided institution-wise and not University-wise. To day the recognition is provided to Univerisities. The medical qualifications granted by a University are recognised. Once that is done, that University can keep on bring up institutions without asking anybody. Therefore this is another power which needs to be given. The third is to give temporary recognition pending conformity with all requirements regarding standards. The fourth is to regulate the terms, fees concerning the courses. At the moment there is no such power. It is by giving this power that the issue of capitation fee can be effectively dealt with. So, it is felt that, to put medical education on a proper footing and to have effective control to ensure that the objectives are achieved, I think, both the Central Government and the MCI need to be clothed with more powers. Towards this objective, the Ministry has already concretised certain proposals by way of amendment of the MCI Act."

B. Establishment of New Medical Colleges

2.9 The following Medical colleges which did not have adequate clinical facilities, qualified staff and arrangements for practical training etc., have been set up in the States of Karnataka and Kerala without prior approval of the Government of India/MCI :

1. Kempegowda Institute of Medical Sciences, Bangalore—4.
2. Dr. B. R. Ambedkar Medical College, Bangalore—5
3. M. S. Ramaiah Medical College, Bangalore—54.
4. Medical College, Trichur.

2.10 A view has been expressed by a non-official that "No new medical college should be opened unless the Medical Council of India/Government of India have approved the establishment of the concerned institutions."

2.11 Dealing with the legal position and the role of the Medical Council of India in regard to opening of new medical Colleges, Health Secretary, stated in evidence :

> "The present legal position is that a new college can be opened and run without obtaining the approval of the MCI and the University Grants Commission. So long as University recognises, it can be run .....in many of the medical colleges in the country they do not have clinical facilities and they are still being run."

2.12 The Committee desired to know if Medical Colleges had to come up in other States also without the approval of MCI/Government of India. In reply, Health Secretary stated :

> "In Bihar they (M.C.I.) found that five colleges did not possess adequate number of faculty members and the other equipments. They (MCI) issued notices to them, wrote to them that they should provide these facilities by such and such date otherwise this will create difficulties. They took up with regard to two colleges in West Bengal also..As regards Karnataka, some colleges will have to be inspected. Now, some of these colleges were forced to close down also temporarily but afterwards they were permitted to continue."

2.13 In a memorandum the MCI reported that they had, in clear terms, informed the Government of Punjab not to allow fresh admissions at undergraduate level in Guru Gobind Singh Medical College, Faridkot unless proper facilities for clinical and practical training were available there. But inspite of directive from the MCI, the admission had continued. The students of this college were sent to Medical College at Amritsar and Patiala for clinical training. With the result that the training of medical students at Patiala and Amritsar was adversely affected.

2.14 Asked to state the factual position as also the remedial action taken by the Central Government in this regard, Health Secretary stated :

> "When MCI took up with the University and the college and the State Government about Faridkot college in September or August, 1982, the State Government had also written to the MCI and sent to us also a copy for information. Now, on reading that letter I notice that they said "we wanted to put up the hospital but there were difficulties like shortage of cement and all that. We now promise that next year, in 1983, the Hospital will be ready but

this year we have made arrangement for 25 students each to be given the clinical training in Patiala as well as Amritsar. The State Government have now promised that in 1983 the hospital will be positively put up. Well, we have to go by their word."

2.15 Health Secretary added that this situation arose after the 42nd Constitution Amendment Bill was passed whereby the medical education was brought under the Concurrent List. He revealed that views of all the concerned Ministries in the matter had been obtained and as a result thereof an amending Bill to the MCI Act had been finalised. He assured that the Bill would be placed before the Cabinet for their approval soon.

2.16 Asked by what time matter will be placed before the Cabinet, Health Secretary stated :

"It is very difficult for me to lay down the period because it is not in my hands. The Cabinet may not approve and may have some other views on the matter. I can only assure this August Committee that the Minister himself is very anxious. We are also very keen. In fact because of the Minister's keeness, we have quickly settled everything, formulated our proposals and consulted the Ministries. Now we have to take it to the Cabinet which we intend doing at the earliest possible."

C. Admissions to Medical Colleges

2.17 These representative of the MCI suggested to the Committee that :

"All admissions to MBBS courses in colleges under control of the Central Government, Union Territory Administration and University Grants Commission should be through a common entrance examination; preferably by a statutory Board.

Admissions for post-graduate courses should be based on the knowledge acquired during under-graduate training, which is only possible through the National Entrance Examination providing tests in General Medical Knowledge and in the related speciality. There should be one National Entrance Examination for all the Institutions of the country. Interview of any type should not have any weightage on the merit obtained in the competitive examination."

2.18 Asked to state the factual position in this regard, Health Secretary stated during evidence that while a large number of States conducted Pre-Medical Tests for admission to under-graduate courses on the basis of 10 plus 2 Examination, the following institutions conducted all India tests for admis-

si on. These are :

1. JIPMER, Pondicherry.
2. AIIMS, New Delhi.
3. Aligarh Medical College (of Aligarh Muslim University).
4. Banaras Medical Faculty, of Banaras Hindu University.
5. Mahatma Gandhi Medical College, Wardha.
6. St. Jone's College, Bangalore.

The witness revealed that :

> "In fact the Government has set up a Medical Education Review Committee to look into the entire gamut of medical education-admission procedure, internship, residency, etc. This Committee has given a part of its report and that part of the report has recommended that there should be a common entrance examination for medical admissions. They have made two or three suggestions-a common entrance examination for admission to Graduate and Post-Graduate Colleges, then phasing out of the domiciliary restrictions. This will be examined and then a view will be taken on conducting a common entrance examination."

2.19 The Committee wanted to know if it was a fact that in the medical colleges in Rajasthan, though the admissions to the P.G. Courses were made on the basis of marks obtained in the MBBS examination, 5 per cent weightage was given to the local candidates as against candidates from outside. In reply, the representative of the Ministry confirmed this position and said :—

> "More or less the admission is made on the basis of the marks obtained in the MBBS Examination. But, 5% credit mark is given to the candidate of the local colleges."

2.20 Explaining the legal position with regard to taking action against such colleges, Health Secretary stated :

> "The procedure laid down in the Act is like this is. As per Sec. 19 of the MCI Act, if they want, they can recommend to us to de-recognise the college. The only solution provided for is this.
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> ** ** **
>
> As regard the specific issue about admission of the post-graduates, firstly, the Central Government comes into the picture as per the MCI Act only when they make a reference to us. The MCI has apparently asked for some clarifications from the State Government as also from the University. If they are not satisfied, it is well within their right to come to the Central Government."

2.21 A representative of the Ministry, however, pointed out that recommendation of the MCI for derecognition of a college had to be approved by the general body of the Medical Council which met once in a year. Asked, whether such a step could not be taken in anticipation of the approval of the Council, the representative of the Council stated :

> "As per the procedure laid down in the Act, recognition or derecognition has to pass through the Central Body which meets once a year. It will be very difficult to do that in anticipation."

Health Secretary added :

> "I quiteshare your concern..... But, unfortunately, the existing procedures are very very cumbersome. It is not a small matter... This is precisely the reason why we are going to propose a number of amendments in the existing MCI Act."

2.22 The Committee pointed out that the High Court had decided in favour of the outside students on this issue but the Government of Rajasthan had gone in for L.P.A. (Leave Petition for Appeal).

2.23 Asked why could the Ministry not direct the State Government of Rajasthan to implement the judgement of the High Court, Health Secretary said :

> "In an executive manner we may be able to do it.....As desired by you, I am willing to write to the State Government and to act in an executive manner."

2.24 The MCI, in a letter dated 4th January, 1983, addressed to the Registrar, University of Rajasthan, informed him that the rules framed by the State Government of Rajasthan, providing 5% weightage for admission in the parent institution, did not conform to the rules framed by the MCI in this regard. Referring to the High Court judgement against such discrmination, the MCI directed the Registrar that the students affected by the said discriminatory rules, should be accommodated for admission in the Medical Colleges in that State.

2.25 It has been brought to the notice of the Committee that the MCI has been urging upon various Universities/Medical Colieges/Institutions and the Central and State Governments the desirability of taking prior approval of the MCI for increase in the number of seats in medical colleges as required under the MCI Act, 1956. Not-withstanding this, colleges in Karnataka had increased the number of seats in their colleges without prior approval of MCI.

2.26 The Committee wanted to know whether it had been verified that these colleges had adequate facilities for practical/clinical training etc. for the

students admitted beyond the sanctioned intake and if so what action the Government proposed to take in this matter. In reply, Health Secretary stated :

> "The matter about the increase in the number of seats in medical colleges without the approval of MCI is under examination by the MCI who have sought further information from the concerned colleges as well as State Governments. It has not yet been intimated whether adequate facilities have been provided for these extra seats. The Government of India will come into picture only after the matter is referred by MCI to it. It may further be mentioned that the Government of India are considering the proposal to amend the MCI Act so as to make it incumbent on colleges and the State Governments to obtain prior approval of the MCI before increasing the seats."

D. *Charging of Capitation Fee by Medical Colleges*

2.27 There have been reports about some of the medical colleges in the country are charging capitation fee for admission to their Colleges. Asked, what steps were being contemplated by Government to abolish the system of capitation fee for admission to medicat colleges, Health Secretary stated :

> "The practice of eharging capitation fees in the form of donation for admission for students to medical institutions in some colleges of Karnataka and in one college of Andhra Pradesh and one college in Punjab is there. This is the present position. They have been charging capitation fee.....They are MRR Medical College, Gulbarga; J.J.M. Medical College, Devanagere; J N. Medical College, Belgaum: Kasturba Medical College, Bangalore; M.S. Ramaiah Medical College, Bangalore; Kampa Gowda Institute of Medical Sciences, Bangalore; Dr. Ambedkar Medical College, Bangalore; Siddhartha Medical College, Vijayawada; and Dayanand Medicai College in Ludhiana.
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> ** ** **
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> We can say that there are nine colleges in the country where the capitation fee is being taken. This system has been discussed in the Central Council of Health meetings. They have passed resolutions from time to time, disapproving it. The Central Government has also written to the States at various levels, at the level of the Health Minister and at the official level also, that this practice must be done away with. Even the Prime Minister also has advised personally, last year, all the Chief Ministers that this is a practice which we must finish off. In fact, in pursuance of this letter, which was written by the Prime Minister, the Dayanand

Medical College (Ludhiana) has done away with it. The remaining seven or eight colleges are also aware of this."

2.28 Asked, whether the Government could not bring in legislation to do away with this practice, Health Secretary stated :

"We have no powers to regulate the fees, or what should be charged and what should not be charged. Obviously we cannot control this nefarious practice. At one time this was prevalent in Bihar and Madhya Pradesh also but both these Governments have taken over those medical colleges there."

2.29 When the attention of the representatives of the Ministry was drawn to the reply to an Unstarted Question No 683 in Lok Sabha on 7th October, 1982, on the subject where the Education Minister had *inter alia* stated "Steps are being taken to introduce the Bill in Parliament as early as possible." Health Secretary stated :

"This reply of Education Minister might be with regard to the technical and engineering colleges and other colleges. But with regard to our Ministry and Medical Colleges, we are against this practice. We have proposed an amendment to the Medical Council Act and we intend to bring it up as soon as we able to do it."

2.30 Asked, what was the reaction of the State Government concerned on this question, Health Secretary stated :

"In pursuance of all this, the Government of Karnataka had informed that it planned a phased abolition of this system. They said that if they suddenly abolish it, it would be very difficult for them to meet the expenses. They would gradually increase the merit seats and correspondingly reduce the number of seats for being filled up with capitation fee. However, the State Government has informed that the decision in question has been stayed by the Court. They said that they have seven or eight colleges. Four are old colleges where almost 65 to 80% are open seats and 20% are capitation seats. There are three or four new colleges where the larger number is on capitation and less number is on merit. They wrote to us that they would finish in four to five years. Some people went to court and the court has restrained them.

The only way to finish it is to clothe ourselves with the legal power."

2.31 Universities whose medical qualifications have been recognised by the MCI can establish new colleges without prior permission of the MCI. The MCI can only inspect these colleges and see whether clinical facilities for training of

students and staff etc., are adequate. The Medical Council can only advice such colleges to provide the requisite facilities but many of the colleges in many states do not care for the Council's advice. There is an instance of an Institution namely Guru Gobind Singh Medical College in Faridkot. This college lacks facilities for clinical and practical training and the MCI has been issuing directives. But those directives were ignored by the College. Health Secretary informed the Committee that arrangements have been made by this college for clinical training of its students in medical colleges in Amritsar and Patiala. The State Government has however, promised that a hospital for the purpose of training of students of this college will be put up by 1983. This must be ensured.

2.32 The Committee have come across a peculiar practice with regard to admissions to Post-Graduate Courses in the medical colleges in Rajasthan. Here the admission to the Post-Graduate courses is more or less made on the basis of marks obtained by the candidates in the MBBS examination. But 5% weightage is given to the candidates of the local colleges, with the result that candidates from outside getting higher marks, are unable to get admissions. MCI has drawn the attention of the State Government Medical Authorities as also the colleges about this wrong practice but without avail.

The Health Secretary assured the Committee that he would be taking up this matter with the State Government soon. The Committee would like to be apprised of the outcome.

2.33 Government had set up a Medical Education Review Committee to look into the entire gamut of medical education-admission procedure, internship, residency etc. That Committee has already given part of its Report. The said Committee has recommended that there should be a common entrance examination for medical admissions. The Committee endorse this recommendation and desire that further concrete steps should be taken in this direction without further delay.

2.34 There have been reports that some of the medical colleges have increased the number of seats without the approval of the MCI, irrespective of the fact whether the colleges had adequate training and clinical facilities or not. The Committee feel that MCI ought to have powers to regulate the intake according to the facilities available.

2.35 The Committee are perturbed to note that as many as nine medical colleges in the States of Karnataka, Andhra Pradesh and Punjab had been charging large sums in the shape of capitation fees for admission to the medical courses. It is indeed deplorable that this unhealthy practice continues despite all persuasive methods adopted to stop it. The Committee feel that legislative compulsion is the only solution to this problem. They would accordingly recommend that the question of banning this practice by a central law may be re-examined by the Ministry in consultation with the Ministry of Law.

2.36 The Committee note that the Medical Education was placed in the Concurrent list by the Constitution (42nd Amendment Act) 1976 which became effective from 3rd January, 1977. Though the Medical Council of India has been established under a Central Act the Council suffers from lack of adequate powers in ensuring standards in medical education in the country. The issues dealt with in the foregoing paragraphs would amply demonstrate the limitation of the MCI. Commenting on the situation Health Secretary stated the Medical Council could only recommend derecognition of the medical qualifications of the defaulting colleges. He also conceded that even in matters like formulating such recommendations on which Government could act, the procedures are cumbersome. Such decisions of MCI are required to be approved by the General Body of the Council which meets only once in a year. Health Secretary however, assured the Committee that a proposal to bring forward a comprehensive legislation to amend MCI Act has been concretised by the Government to provide adequate Powers to the Council as also the Government to act effectively. The proposed amending legislation would reportedly provide powers to the MCI in matters like recognition of existing and new colleges, admissions, capacity of teaching, reservations, scales of fees to be charged etc. The Committee desire that the legislation to amend the MCI Act should be introduced in Parliament without any further loss of time.

E. Unqualified Medical Practitioners

2.37 It was pointed out during evidence that some people were practicing Medicine doctors in most parts of the country on the basis of LMP Certificates. It was also brought to the notice of the Committee that some LMP Certificate holders from Bangladesh were practicing here. Asked, whether this qualification was still valid, the representative of the Ministry stated :

> "As far as LMP is concerned, this was stopped in the 'fifties'. After 1950 no licentiate qualification could be awarded or registered. That is the law."

2.38 Asked, apart from LMP were there any other qualification or recognised, by any authority by which people could start practice, the witness stated :

> "Under this Act, nothing else."

2.39 The Committee pointed out that in Rajasthan, some quacks had performed eye operations resulting in loss of eye sight of many. Asked if something could not be done against such people, Health Secretary stated :

> "They cannot. They can be prosecuted.....I have personally invited the attention of the Chief Secretaries in this regard and they have launched criminal prosecutions against them. When the recent report came to us, I asked them about this and we are again writing

to them to find out what has happened and find out the progress in the earlier cases."

2.40 Subsequently the Ministry furnished to the Committee a copy of their D.O. letter No. V. 11016/3/82 ME(P), dated 11th June, 1982 addressed to the Health Secretariat of all the States, drawing their attention to various statutory provisions with regard to enlisting and lauching prosecutions against unqualified medical practitioners. The letter *inter alia* emphasises that :

> "The State Governments/Union Territories are requested to take action on the most immediate basis, to put an end to the problem of unqualified medical practitioners as well as to ensure that there is no fresh addition whatsoever of unqualified persons to the stream of practitioners."

2.41 A very disquieting feature is that a number of quacks, and unqualified/under qualified "doctors" are practising in the country. This should not go on unchecked and unpunished. The horrible instances of blindness caused to a number of gullible people in Rajasthan by eye operations performed by quacks, are loathsome and revolting. The Committee strongly recommend that performance of operations, particularly eye operations, by unqualified/under qualified persons should be made a cognisable offence and law should be amended soon making provision for more stringent punishment. Further in regard to practice by unqualified medical practitioners the penal provisions of the law *viz.* MCI Act 1956 should be vigorously enforced.

2.42 The Committee would in particular invite the attention of the Ministry to the existence of an establishment calling itself 'Adarsh Netra Chikitsalya', Hansi Gate, Bhiwani (Haryana) which, it is alleged, is not run by any qualified doctor and yet it is performing eye operations. The Committee would like the Ministry to make an inquiry into the matter and take suitable action.

CHAPTER III

MEDICAL RESEARCH

A. Indian Council of Medical Research

3.1 The Indian Council of Medical Research is carrying out its research programmes through 18 permanent Institutes. In addition, the Council has three Regional Medical Research Centres—at Port Blair, Bhubaneshwar and Dibrugarh-to carry on research of a multi-disciplinary character with special emphasis on the health problemes of the tribal people inhabiting the region. Steps have been initiated for establishing Regional Medical Research Centre at Jabalpur to study tribal health problems and at Jaipur for studying health problems unique to desert areas. Another is in the process of being established at Belgaum to study regional problems like pancreatic calcification with juvenile diabetes, skeletal flouorosis oesophageal cancer etc.

3.2 Besides, research schemes (including Task Force Projects, Fellowships etc.) in various priority areas of biomedical research are carried on in leading medical colleges/universities throughout India and these are also funded through grants-in-aid.

B. Expenditure on Medical Research

3.3 In a note furnished to the Committee the Ministry gave the following details relating to Plan allocations and expenditure under various heads, for the year 1979-80 to 1981-82 :

(in lakhs)

	1979-80		1980-81		1981-82	
	Budget	Exp.	Budget	Exp.	Budget	Exp.
1. Research Laboratories/Institutes & Institutional facilities.	415.31	421.45	612.07	634.98	699.53	750.73
2. ICMR Headquarters Establishment.	78.01	83.91	113.23	112.76	111.58	112.29
3. Research Schemes/ Projects (including those funded on grant-in-aid pattern to the non ICMR Institutions	106.68	113.07	190.70	168,51	393.89	349.92
	600.00	618.43	916.00	916.25	1205.00	1212.94

3.4. Asked, how much funds were made available to the ICMR and how these were further allocated to various institutions, Secretary General ICMR stated :

> "Regarding distribution of funds, I should say that they are not concentrated in a few institutions. They are being given very widely.
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> ** ** **
>
> The money is around Rs 10 crores for this annual plan 1982-83. In the non-plan, it is about Rs. 5 crore. The medical research does not have substantial funds."

3.5 Asked, (out of these funds) how much amount was spent on administration, the witness stated :

> "It is roughly around 8 per cent, definitely under 10 per cent."

3.6. Explaining the position with regard to allocation/expenditure head wise, on the basis of above table, the Ministry has stated :

> "Budget allocation to ICMR for the respective years have been fully utilised. What is more, sometimes the budget allocation fell short of the actual requirements and the shortfall was met by suitable appropriation of Miscellaneous Receipt of the particular year.
>
> Major part of expenditure is on medical research carried out in the permanent Institutes/Laboratories (including Regional Medical Research Centres) and also for research schemes/projects (including Task Force Projects, Fellowships etc.). Thus, the percentage of expenditure on establishment for the years 1979-80, 1980-81 and 1981-82 works out to 13.57, 12.31 and 9.26 respectively showing a downward trend. In other words, considerable part of expenditure *i.e.* about 90% is on medical research and happily it is having an upward trend.
>
> This however, does not take into account the expenditure on medical research during the years (1979-80, 1980-81 and 1981-82) which was financed from grants received from other agencies (including Government of India special grant for Malaria projects, DSI, PL-480, Canadian grant and Grants from International agencies such as WHO, UNICEF etc.). The establishment charge for administering these scheme remains the same because the Headquarters Office administers these schemes. If these expenditures are also taken into account, the per centage of expenditure on

establishment would be 11.59, 11.21 and 8.44 respectively and consequently the expenditure on medical research would be 88.41, 88.79 and 91.56 per cent respectively."

3.7 The Committee note that the allocation of funds for medical research is around Rs. 10 crores for the annual plan of 1982-83 apart from Rs. 5 crores from non-plan funds. Secretary General, ICMR testified before the Committee that 'medical research does not have substantial funds.' As medical research is intimately connected with medical relief and education, it deserves greater attention being paid and provision of more funds therefor.

C. Research Projects

3.8 In a memorandum submitted by a non-official it has been pointed out that :—

"If one looks at carefully the on-going projects of the ICMR one finds permanent beneficiaries whose contribution to Medical Research is so little but they are enjoying the funds due to social and other pulls. These also require looking into."

3.9 Asked, whether there was any system to monitor and periodically review the progress of on-going research projects supported by ICMR, so as to adjudge the contribution of each scientist to the project in which they were conducting research, Secretary-General, ICMR stated in evidence :

"I do not wish to lay any tall claim about the break through etc., but some very significant work is going on in the country. You can never predict in what way research will move and what fruits will come. Suddenly something open up. I might mention that there is very exciting work going on in leprosy vaccine by the Indian scientists, as also a vaccine against pregnancy and new multiple drug regimes for the treatment of tuberculosis, and leprosy. I cannot recount where Indian Scientists are making a substantial contribution. The cost of treatment of tuberculosis is being brought down by our studies and domiciliary treatment of patients in their own homes without having to be isolated at great expense in the sanitorium (which used to be an old form of treatment) is being achieved."

3.10 Asked, what were the other fields, apart from TB and Leprosy, in which research efforts were being undertaken by the Institutes under ICMR, the witness stated :—

Asthma

"There is Vallabhai Patel Chest Institute in the Delhi University which is studying this. The main contribution so far of the Indian

Scientists is in preparing a pollen callender, because of the seasonal character of asthma and the discharge of different types of pollen into the atmosphere from flowers and so on. They tend to produce allergy."

Cancer

"We have the Tata Cancer Research Institute in Bombay. In India, more than 50 per cent of our cancers are really three. One is oral cancer which is caused due to tobacco chewing. We call it 'Mainpuri' cancer because in the Mainpuri district of U.P. its incidence is very high..... The second most common tumour is in females, in the uterus, especially in those women who have a large number of pregnancies and children. This is also preventable by family planning and genital hygene. Then, there is ocsphageal cancer or the cancer of the gullet. It is there in certain pockets in Kashmir, in Assam and in Gulbarga district of northern Karnataka. It is a local geographic problem. These are the major cancers. Of course, breast cancer is also very common.... We are studying causative factors.... In three centres, Srinagar, Dibrugarh and Bangalore a very systemetic study on this problem is going on. There are other studies on oral cancer, cancer of the uterine cervix and on breast cancer."

Goitre

"I am personally interested on the study of this disease goitre. I have been studying this all my life in Himalayan and Sub-Himalayan regions. This Committee can possibly draw attention to the deficiencies in our goitre control programme. It will help us. We have recently made a study... In the Padrauna taluka of Eastern U. P. there is very high incidence of goitre among the children. We were disturbed that 4% of the new borns in Padrauna taluka have thyroid deficiency.... The reason is that there is not enough Iodine in the soil. We can simply give one simple injection of iodine oil to pregnant mothers which protects them for five years. That is how we eliminate the condition of cretinism and deaf mutesion which is caused by lack of iodine during the development of the brain. Thyroid Harmone is essential for the growth of brain."

3.11 There does not appear to be any in-built system to periodically review the progress of on-going research projects and adjudge the success or contribution of individual scientists who are engaged on various projects. While the Committee agree that in matter like medical research no targets can be fixed for results, they feel that it should be possible to evolve an inbuilt system for assessment of the on-going research projects so as to ensure purposeful utilisation of research potential

and funds. The Committee desire the Ministry to direct the ICMR to give a serious thought to this observation of the Committee and take steps to evolve such a system.

D. Development of Research Talent

3.12 The Ministry has stated that ihe ICMR has developed a system of providing support to talented scientists working in any part of the country, whether in medical college or research institutions.

3.13 In a memorandum submitted to the Committee a former DGHS has stated :—

> "The Research Talent should be found, nurtured and encouraged Adequate scales of salaries, a scheme of Merit Awards provided and despotism in Medical Research Institutes discouraged. The Indian Medical and Non-medical Scientists are of excellent calibre. The seem to flourish and blossom outside India but not in India. This requires a special study and removal of the difficulties for India to make a contribution to World Medicine."

3.14 Asked to state Government's reactions to the above view and how it was ensured that the selection of scientists is made on the basis of merit and there was no scope for despotism in the heirarchy of scientists in the research institutes as alleged, Director General, ICMR stated :

> "The incentives that one should provide to attract able people to have a career in research are extremely important and we are doing something in this direction. It is also a matter before the Scientific Advisory Committee to the Cabinet. It is a generic problem to attract people to start a career in research rather in the field of medical practice where the tendency is for going to specialities and super-specialities because there is lot of prestige attached to the later. So, we have in ICMR started a number of approaches which are producing some good results. I do not say that we have broken the ice but something is happening. One is *Talent Search Scheme.* We are actively looking for the talent at the level of doctors who have just graduated from a medical college and who have got MBBS degree. In what direction does he want to go, what are his own instincts, we provide him with a list of disciplines like immunology which is very important for the control of tropical communicable diseases.... We must find new tools for controlling malaria, filariasis, leprosy, TB etc.... So, we identify the disciplines in which India needs very bright young minds to go and work in

our laboratories and if they agree, we put them through a national test. The very top and the very best are taken ; they are groomed; they are supported for two or three years in a research institution and ultimately they are taken into the research cadre which is a permanent cadre. Results are modest. Today, we have got 35 permanent research cadre young people taken through the national competition basis. Another 28 or 30 are in the process of being taken in.

There is another scheme called *Supernumerary Research Cadre Scheme*. Indian scientists working abroad, especially in the United States and United Kingdom are showing increasing interest in returning to India and working in ICMR institutions. It is also an indication of the growing confidence that the atmosphere in these Indian Institutions is good for creative work."

3.15 Asked, how many scientists had applied from abroad, Secretary General ICMR stated :

"There are about 29 scientists whose bio-data have been sent to us."

Secretary General ICMR further stated that there were more such schemes. Besides, there were three fellowships for research viz. Research Associate, Senior Research Fellow and Junior Research Fellow. 300 to 400 research fellowships were provided every year. Any young man whether he was a doctor or belonged to the basic science could join a research scheme. Their cases were processed through a review by experts in field.

3.16 Asked, how the recruitment of scientists was made, the witness stated :

"Recruitment of scientists is done through a process of open advertisement both in India and abroad. After receiving the applications, there is an External Committee, a Committee of the very best people in the country, who sit and interview the candidates. We do not go to the UPSC. There is an open advertisement and the whole process takes two to three months."

3.17 There can be no two opinions about the need to find, nurture and encourage research talent, Director General, Indian Council of Medical Research told the Committee in evidence that the Council had formulated a certain approach for attracting talent in the field of medical research, *viz.* 'Talent Search Scheme' through which the best among the graduates in medicine (MBBS) are sought to be attracted to one of the disciplines in medical research and 'Supernumerary

Research Cadre Scheme' to provide opportunities to Indian Scientists working abroad to join the research effort in India. While the achievement in regard to the former scheme is stated to be modest, no Indian scientist working abroad could be enlisted for research yet. Director General, ICMR stated that about 29 Indian scientists from abroad had sent in their bio-data which was being looked into. The statement of the Director General that 'I do not say that we have broken the ice but something is happehing' is significant and shows that much more is needed to be done in this direction. The matter for providing incentives to attract able people to have career in medical research is stated to be before the Scientific Advisory Committee of the Cabinet. The Committee desire that the matter should be considered early and steps taken to make the career in medical research really attractive for talented persons.

E. Indigenous Drug Research

3.18 With regard to indigenous drug research a non-official stated :

"The indigenous Drug research started by Sir Ramnath Chopra has not been pursued and no startling breakthroughs have been made inspite of enormous funds being spent."

3.19 Asked to state if Government share the above view and if so what were the reasons for not pursuing the indigenous drug research started by Sir Ram Nath Chopra, when was this project commenced and how it was being funded. Secretary General (ICMR) stated :—

"This year happens to be Sir Ram Nath Chopra's 100th birth anniversary. The Indian Journal of Medical Research is devoting a special issue in his memory, to the indigenous drug research in our country. The ICMR not only supported indigenous drug research under Sir Ram Nath Chopra when he was alive but even subsequently, the ICMR had a fullfledged Indigenous Drug Research Advisory Committee. It was in 1960 and 1970. Further the prestigious composite Drug Research Scheme "(CDRS)" was organised and monitored by ICMR between 1964 and 1970.

A number of Research units, after his death, were established in different parts of the country A very large number of useful substance have been discovered as a result of these studies I am sure you nre familiar with some of these. One is *Gumgugul Cammiphera mukul.* It is obtained from the bark of the tree. It has already gone through the first two phases of clinical trial and it is now in the phase III of controlled clinical trial. The effect of gugul is to reduce the blood cholesterol level. This is in relation to heart attack. *Jatamansi* is another indigenous product which has blood tranquilising and hypotensive activity.

These have been moving through various stages of trial. Some of these will eventually substantiate their claims to be put in our pharmacopoeia in the near future. CCRIMH has been formed in 1970 and the research leads of CDRS have been transferred to it. This is now redesigned as Central Council for Research in Ayurveda System (CCRAS). But ICMR has not washed its hands from the indigenous drug research even after these councils have been established.... In a nut-shell, on the indigenous systems of medicine, we have these major Research Councils which are already functioning. The ICMR is also continuing this work wherever it sees an opportunity to make some kind of a useful contribution."

3.20 Though in order to encourage research in indigenous drugs, the Central Council for Research in Indian Medicine and Homeopathy and Central Council for Research in Ayurveda system have been set up, the results are not very encouraging. It transpired during examination by the Committee that research on "Gumgugul Cammaphera Mukul" which is known to reduce the blood cholesterol level is at controlled clinical trial stage and has yet to find a place in the Pharmacopoeia. "Jatamansi" is another indigenous product trial on which is still on. The Committee recommend that research efforts in Indian systems of Medicine should be intensified to achieve quicker results.

CHAPTER IV

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI AND P.G.I. CHANDIGARH

Objectives

4.1 The Ministry of Health, Government of India, with the assistance of funds from Government of New Zealand, established the All India Institute of Medical Sciences as an autonomous body by an Act of Parliament, in 1956. The following are the objectives of the Institute, as stipulated in Section 13 of the AIIMS Act :—

(a) To develop patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other institutions in India;

(b) to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and

(c) to attain self-sufficiency in post-gradute medical education.

4.2 The Institute of Post Graduate Medical Education and Research, Chandigarh was established by the Government of Punjab in 1960 in pursuance of the recommendations of the Health Survey and Planning Committee that six post graduate medical institutes be set up all over the country, to meet the increasing demands of teachers for the rapidly expanding medical colleges, specialist services for hospitals and the needs of the Armed Forces. It was planned on the lines of John Hopkins Medical School, USA and the British Post Graduate Medical School at Hammer Smith, London.

4.3 On the recommendations of the Review Committee (1964) under the Chairmanship of Dr. Lakshmanaswami Mudaliar, the PGIMER was taken over by the Government of India and was declared an institution of national importance through the PGIMER, Chandigarh Act, 1966. The objectives of the PGIMER as defined in Sec. 12 of the Act, are as follows :

(a) to develop patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education;

(b) to bring together, as far as may be, in one place, educational facilities of the highest order for the training of personnel in all important branches of health activity; and

(c) to attain self-sufficiency in post-graduate medical educational to meet the country's needs for specialists and medical teachers.

4.4 The 102nd Report of the Estimates Committee (1975-76) on the All India Institute of Medical Sciences, New Delhi, *inter-alia*, recommended a review of the functioning of the Institute. The Government of India, Ministry of Health and Family Welfare accordingly requested the President of the Institute to appoint a Review Committee and decide its terms of reference. Consequently, the Minister of Health and Family Welfare, in his capacity as the President of the AIIMS as well as of the Post-Graduate Institute of Medical Education and Research, Chandigarh, appointed a Review Committee for the All India Institute of Medical Sciences (including Dr. Rajendra Prasad Centre for Opthalmic Sciences) and the Post-graduate Institute of Medical Education and Research, Chandigarh, in August, 1978. The Review Committee submitted its Report to the Government in April, 1981.

B. Autonomy

4.5 The AIIMS, New Delhi and the PGI, Chandigarh do not enjoy the Status, powers and autonomy of a University under their respective Acts. It has been suggested to the Committee that in order to provide these Institutes powers to carry through their proposals and programmes for development independently and expeditiously, their status should be raised to that of various ITTs. Yet another suggestion made to the Committee is that there should, instead, be a Hospital Board under these Institutes' Bodies which may have as Members sizeable number of Government representatives.

4.6 Asked to state Government's reaction to these suggestions, Health Secretary stated in evidence :

> "One of the terms of reference of the Review Committee was to consider the question of giving full autonomy or further autonomy to the AIIMS on the pattern of universities keeping in view the fact that the latter has no service component to the people and to suggest amendment to the Act so that only important and policy issues are referred to various bodies and the day-to-day routine, administrative problems are handled by the local administration. The report of the Review Committee is presently under the consideration of the Institute body. Government will take a view after examining all aspects of the matter and keeping in view the fact that the AIIMS and the PGI, Chandigarh, cannot be compared to Universities since the former has a role to play in medicare. They

are already deemed universities in the sense that degrees are awarded by them, but they are also dealing with human aspect, that is, the medicare aspect."

4.7 The Committee note that though like a University the AIIMS, New Delhi and PGI, Chandigarh do award degrees, they do not enjoy the status, powers and autonomy of a University. The Committee agree that as these Institutes have a vital role to play in medicare, they stand on a different pedestal and cannot be compared to a University. The Committee would, nevertheless, recommend that these two Institutes should be allowed adequate autonomy to enable them to function independently in academic matters and without undue interference from outside in their day-to-day working in regard to other matters.

4.7A The Committee further recommend that composition of the Governing/Institute Bodies of the AIIMS, New Delhi and PGI, Chandigarh should truely reflect the national character of these Institutions and that doctors who are practising locally at Chandigarh and Delhi should not be associated with these Bodies. The Committee attach great importance particularly to this recommendation and would expect expeditious action in this regard.

C. Patterns of Teaching

(*i*) *Dissemination of Achievements*

4.8 The Committee desired to know if the achievements claimed to have been gained by the AIIMS, New Delhi and PGI, Chandigarh were being disseminated in any planned manner and were finding their way to Institutes elsewhere. In reply, Additional Secretary (Health) stated during evidence that the Review Committee on AIIMS and PGI had in their Report observed that :

> "The achievements claimed to have been gained by the Institute were not finding their way to the Institutes elsewhere. Reacting to the view expressed by Review Committee the witness stated that the Committee does not seem to have taken into account the plethora of efforts mobilised by the two Institutes in interacting with medical institutions in the country with a view to achieving higher results of medical education."

4.9 Explaining the efforts of the two institutes with regard to dissemination of their attainments in the field of medical education, representative of the Ministry claimed in evidence that :

(i) "The All India Institute of Medical Sciences Faculty has published in scientific journals 39 papers, read widely by medical educationists specially devoted to the newer methods of medical education. Between 1975 and 1980 the All India Institute of Medical Sciences

has produced 23 books and 181 monograms dealing with professional matters having a bearing on medical education. The All India Institute of Medical Sciences has organised 53 workshops and Symposia on medical education and related subjects with an essential and in-built educational component, and of these, 37 were organised between 1976 and 1982.

(ii) PGI, Chandigarh has taken a similar initiative in the field of medical education. Between 1975 and 1982, this Institute organised as many as 72 workshops, symposia and teacher training courses. The PGI, in addition, runs a special WHO—assisted teacher training programme (in two Sessions annually) in which teachers from all over the country participate. The PGI faculty has published 28 books which have a bearing on medical education.

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(iii) Both the Institutes have collaborated in various programmes with other medical institutions. The PGI has such a programme with the Himachal Pradesh Medical College. The All India Institute has interacted with the Government of Jammu & Kashmir for designing training courses."

(*ii*) *Referral System*

4.10 It was brought to the notice of the Committee that there was a proposal under the consideration of the Government, to convert the AIIMS, New Delhi and PGI, Chandigarh into referral hospitals. Asked if such a proposal was accepted and implemented, would it not deprive the public in Delhi and Chandigarh of the specialised medical services/facilities at present available in the hospitals attached to these Institutes, Health Secretary stated during evidence :

"The recommendations of the Review Committee for conversion are under consideration. However, the Government is aware of the practical difficulties in effecting such conversion. There are practical difficulties and the Government is of the view that any step which they would take would be taken after careful planning and assessment. In Chandigarh, we did some initial exercise. Similarly, we will do it at the All India Institute also because this Institute was thought of really for three basic objectives; (1) a centre of excellence for development of medical education; (2) to provide specialised medical care in complicated cases and (3) to do medical research. Because of the pressing need for it, everybody wants to go there. They are gradually becoming like larger hospitals. We feel in principle it is all right, but a very careful planning has to be done before it is converted. We cannot just take a decision that it is converted into a referral hospital. This is a

matter in which a view will be taken. I think all aspects have to be kept in view because the All India Institute is supposed to act as a centre of activities for teaching. There need be perhaps a centre in the country which could act as the apex point for new initiative and projects in Undergraduate Courses. There are 106 colleges."

The Director, AIIMS opined that :

"It is going to be difficult if it becomes a purely referral hospital. That is why a part of the suggestion was that if the Government decides to make it a referral hospital, then we have to find 200 or 300 beds in the General Hospital where we can train our undergraduates and post-graduates."

(*iii*) *Under-graduate/Post-graduate Courses* :

4.11 The Committee learnt that the Undergraduate Course leading to the degree of MBBS was being phased out at the AIIMS. It has been argued that the under-graduate course should be continued at AIIMS for the following reasons :

(i) To set an example of excellence to other medical institutions.

(ii) It is the only course where experiments and innovation in methods of teaching and assessment of courses of study can be carried out in Undergraduate medical education. If the course is scrapped, it would put a stop to all future experimentation.

(iii) The admissions to this course are on All India competitive basis and therefore it has some of the finest students in the country. If this course is phased out, the country will be deprived of the training of that excellent material in an atmosphere of research and inquiry.

(iv) The Postgraduate students of the Institute will be deprived of the opportunity to teach this excellent Undergraduate material.

4.12 Asked, what the Government had to say in this regard, Health Secretary stated :

"The recommendations of the Review Committee are that undergraduate course should be dispensed with."

4.13 Asked, whether the Government proposed to accept this recommendation of the Review Committee, Health Secretary stated :

"The Government will have a re-look at the whole thing. At this stage, even the institute body is yet to have a look at it."

Health Secretary added :—

"I would like to submit that the fantastic progress made in the field of science has a bearing on medical education and medical

education should be in a position to absorb and contribute to the creation of new knowledge and changing technology.

It is felt that these factors would place increasing and heavy responsibility on the two Institutes. But they are the Central institutions in the field of education to continue innovative projects in regard to the pattern and content of medical education. Both content and pattern act as guidelines.

It is felt that there should be merit in keeping the Undergraduate Course in the All India Institute. However, the recommendation of the Review Committee will be carefully examined keeping these relevant factors in view."

4.14 The Committee learnt from a non-official memorandum that the Government is contemplating that the Postgraduate teaching and training programme in the AIIMS and the PGI may be phased out and these Institutes may prepare to convert themselves into Training Centres of Excellance to provide specialised training and impart higher skills to inservice candidates sponsored by States/Union Territories, Medical Colleges and Departments of Health. It is also understood to be under consideration that 50% of the total strength of the candidates to be admitted may be for Postgraduate Degree Courses as at present, and the remaining 50% should be admitted for higher specialised practical training on their being sponsored by the States/Union Territories.

4.15 In this context, the non-official has suggested to the Committee that :—

"The percentage of the sponsored candidates should not be 50% but to start with only 10% or so being raised in course of time to 33% or so and the facility of sponsoring candidates should be reserved for those States which have been somewhat backward in medical education and who do not have this facility of postgraduate training of a high level in their own State."

4.16 Asked, to state the views of the Ministry on this suggestion, Health Secretary incidence stated :

"The Review Committee for the All India Institute and Post-graduate Institute, Chandigarh had themselves recommended that the Institute should devote itself to the specific objective of up grading the skills of the existing manpower, imparting education in latest techniques and transfer of knowledge and confidence in higher skills of those already serving the nation. The decisions on the recommendations of the Review Committee have yet to be taken and these recommendations are in the process of considera-

tion before the Institute Body. But as a personal suggestion, I cannot anticipate the decisions of the Body. The practical view could be that the Institute continues to produce outstanding candidates with post-graduate qualifications. But the main teaching posts at various medical educational institutions and posts in the Centres of Research will provide at the same time various opportunities to in-service candidates for acquisition of special skill. The idea is to marry both the advantages, that is, to get the best from the community so that they could man the teaching institutions and also Centres of Medical Research and at the same time upgrade the skills of people in the States, particularly those States which do not have the necessary facilities for it."

4.17 Pointing out certain defects in the System of admissions in the AIIMS a non-official stated that AIIMS has lost its All India Character by limiting majority of admissions to Delhi candidates both in the under-graduate and post graduate courses.

4.18 Asked, whether it was a fact that majority of admissions in the AIIMS are given to students from Delhi and what was the percentage of students admitted to under-graduate and post graduate courses from Delhi and from other States, Health Secretary :

"As regards the observation that AIIMS has lost its all-India character, it may be pointed out that the AIIMS admits students to under-graduate and post-graduate courses totally on the basis of open competive examination based on multiple choice questions to ensure objectivity. There are no interviews or personality tests for either of the examinations. The students are admitted solely in order of merit, on the basis of competitive examinations. Out of 45 students admitted to MBBS course in 1982, 25 were from Delhi including 5 students who were residents of other states now domiciled in Delhi and 20 students were from other States.

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Out of 115 students in 1982-83 for post-graduate course, only 34 are from Delhi. The rest are from other States. This is based on merit.....The Supreme Court, in an admission case in Kerala, has directed the Kerala Government to conduct the MBBS Examination in future on the pattern of the AIIMS."

4.19 Asked, whether the notifications regarding admissions to under-graduate and post-graduate courses were advertised in all important newspapers, Director AIIMS, stated :

"It is advertised in the National Dailies."

4.20 With regard to setting up rural and urban health centres by the AIIMS, New Delhi and PGI, Chandigarh the Review Committee is reported to have stated :

> "Both the institutes were also expected to set up rural health centre to expose medical, dental and para-medical students to the health care problems of the rural population and make them aware of the conditions in which they would have to work when they are strictly on their own. The review Committee inspected the centres set up by them and came to the conclusion that "both have failed to gain this objective even partially." The institutes took only a routine view of their obligations in this regard and left the running of the centres to the "devices of the heads of the Preventive and Social Medicine Departments."
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> ** ** ** **
>
> "The Committee was surprised to find that not only the Directors and governing bodies of the institutes had hardly ever reviewed the functioning of the Centres, thereby failing in one of their important duties, but two former directors of the PGIMER had also gone to the extent of stating that the "tackling the problems of rural health care was not among the given objectives of the institutes or they could have dealt with them if the Government had directed them to do so."

4.21 The Ministry was asked to explain this attitude of apathy on the part of the Institutes in regard to the rural health centres. The Ministry in their written reply stated as follows :

> "A communication gap seems to have prevented an adequate appreciation of the contribution made by the Institute in developing appropriate and relevant models of rural health care.
>
> As regard AIIMS the Dayalpur Primary Health Centre, which the Institute caters to was one of the first areas in the country to utilise multipurpose workers. The maltipurpose workers programme, which was initiated in this primary Health Centre in 1972, is now a nationally implemented programme.
>
> At the PGIMER, the rural health care model has been developed by the Institute in the Raipur Rani Block of Ambala Distt...The endeavour has been to produce and use appropriate technology (in the rural areas) in the realisation of the objectives of National Health Policy."

4.22 AIIMS, New Delhi and PGI Chandigarh have published a number of books/Scientific Journals which contain innovations in the field of medical education and have held Workshops and Symposia etc., for the benefit of medical tea-

chers in other Colleges in the country. There is, however, a weight in the observation of Mehta Committee about the absence of systematised mechanism for dissemination of the achievements of these Institutes. The Committee desire the Ministry to direct the Institutes to evolve appropriate mechanism and procedures in this behalf at the earliest.

4.23 The Committee understand that there is a proposal to convert AIIMS New Delhi and PGI Chandigarh into referral Hospitals. The Committee wish to point out that if such a proposal is accepted and implemented, it would deprive the public in Delhi and Chandigarh of the spcialised medical services at present available in the hospitals attached to these Institutes. The Committee recommend that the present system should not be changed. The Committee further suggest that establishment of institutes like the AIIMS, New Delhi and PGI, Chandigarh in all regions of the country.

4.24 The Committee find that while the AIIMS, New Delhi conducts undergraduate courses, PGI Chandigarh does not. The Review Committee is understood to have suggested that Under-Graduate Courses run by AIIMS New Delhi should also be phased out. If the under-graduate courses are phased out at AIIMS, the Committee feel that this Institute will not be able to achieve one of its objectives namely setting an example of excellence in under-graduate teaching to other medical institutions in the country to emulate and there will not be any scope for new experiments and innovations in the methods of teaching and assessment of courses of study in the under-graduate medical education.

4.25 The Committee find that out of 45 students admitted by AIIMS for MBBS Course in 1982, 25 were from Delhi and out of 115 students admitted for post-graduate courses, 34 were from Delhi. Though the Committee have been assured that admissions to these courses are made on the basis of open competitive examination and there are no interviews or personality tests, they would like to caution that utmost objectivity should be observed in admissions so that no one carries an impression that AIIMS or for that matter PGI Chandigarh has lost its All India Character. The Committee recommed that advertisements for admission to under-graduate/Post Graduate courses should be inserted not only in all the national dailies but also in leading regional dailies to ensure wider coverage.

4 26 The Committee note that there is a proposal, endorsed by the Review Committee, that the post graduate teaching and training programmes in AIIMS, New Delhi and PGI, Chandigarh should be phased out and these Institutes should devote to the specific objective of upgrading the skills of the existing manpower, imparting education in latest techniques and transfer of knowledge to the medical teachers sponsored by the States. According to the Health Secretary, Review Committee's recommendations in this regard are still before the Institute body. He, however, opined that the practical view would be that the Institutes continue to produce outstanding candidates with post graduate qualifications and at the same time

provide for in-service training in specialised skills to sponsored teachers/research scholars from various Institutes in the country. The idea is to marry both the advantages. The Committee are in agreement with these views.

D. *Medical Manpower*

4.27 The Review Committed is reported to have observed that :-

> "The institutes (AIIMS& PGI) were expected to meet the country's requirement of medical teachers, specialists and super-specialists. The Committee did not find that either of these institutes had taken any steps to know how many of such trained medical personnel were already available in the country and how many would be required in future. Neither the Government nor the Planning Commission has bothered to pursue the matter further.

4.28 The Committee wanted to know the reaction of Government to the aforesaid finding of the Review Committee (Mehta Committee). In reply, the Ministry have stated, in a note that this matter had been receiving the attention of the Government for quite some time. It was stated that one of the terms of reference of the Medical Education Review Committee was to evolve realistic projections of medical manpower requirements (MBBS doctors, general specialists and super-specialists) taking in to consideration the needs of Government based on health care programme, requirement of doctors in the private sector-etc.

4.29 The Committee have been informed that the Government shall take a view in this matter in the light of the recommendations of the Medical Education Review Committee.

4.30 In an Article in national daily, based on the findings of the Review Committee, it has been stated :

> "So far the institutes (AIIMS& PGI) have together produced about 2800 specialists and super-specialists in various areas but no one knows how they have been utilised or where they have gone. The post-graduate courses at the institutes are not in any way related to an assessment of the specialisation-wise needs of the country, much less to the actual levels of skills required by the health services structure."

4.31 It is understood that the two Institutes had together produced about 2,800 specialists and superspecialists. The Committee, therefore, asked, whether the Institutes or the Ministry had any system of keeping a track of the specialists/super-specialists coming out of the two Institutes with a view to seeing that their talents were properly utilised in the country. In reply, the Ministry stated, in a Note, that there was no standardised procedure for keeping a track

of the specialists or super-specialists coming out of the two institutions (AIIMS & PGI) with a view to ensuring that their talents were properly utilised in the country.

4.32 However, the Ministry has pointed out that available figures from AIIMS indicate that out of a total of 920 post-graduates 620 are inteaching and doing research jobs in India, 260 are employed in the Armed Forces, civil and private practice. Information is not available only in respect of 40 persons. As regards post-graduates, it has been stated that available figures in the case of PGI, Chandigarh as on 1.8.1982 indicate that out of a total of 1305 post-graduates, 374 are in the teaching and doing research jobs in India, 220 are in Central/ State Government service, 34 in the Army, 121 in private practice and 377 are abroad. The whereabouts of 174 are not known and 5 are dead.

4.33 Expressing their concern over the brain drain of qualified faculty members from the Institutes, the Review Committee is reported to have observed :

> "The Committee reviewed with concern the increasing number of qualified faculty members leaving the institutes mainly because of inadequate handling by the concerned heads of departments and directors. Other factors that frustrate these members are inadequate opportunity for work and lack of academic freedom, and victimisation because of group politics. This brain drain, the Committee found, made the institutes less attractive to capable medical scientists."

4.34 Asked, to state the remedial measures which the Government proposed to take in this regard, the Ministry in their written reply stated that there was no real brain drain through AIIMS and PGI although some members of the faculty had left for betterment of their prospects elsewhere or for private practice. Such resignations cannot be ascribed to any victimisation because of alleged group politics. However, the Government and the Institutes are making efforts to better the prospects of the members of the faculty by providing runnig scales of pay and accelerated promotions.

4.35 It is indeed surprising that there is no ~~standarised~~ standardised procedure for keeping a track of the specialists and super-specialists which come out of the AIIMS, New Delhi and PGI, Chandigarh. The Committee recommend that a system should be evolved with a view to ensuring that their talents are utilized properly in the country.

4.36 While admitting that some Members of the Faculty of AIIMS, New Delhi and PGI, Chandigarh had left for betterment of their prospects elsewhere or for private practice, the Ministry of Health have denied that resignations of such faculty members were due to "any victimisation" or "because of alleged group politics". Whatever be the case, the fact remains that either the Faculty Members

were dis-satisfied with their service conditions or did not enjoy the academic freedom to carry on their task. The Committee desire that Government should investigate the circumstances under which senior faculty members of especially PGI, Chandigarh, resigned during the last five years and on the basis of the findings thereof take steps to create conditions in which there could be harmonious functioning of the faculty.

4.36A. The Committee have been assured by the Ministry that the Government and the Institutes are making efforts to better the prospects of the members of the faculty by providing "running scales of pay and accelerated promotions". The Committee feel that this matter should not hang fire any more and that an early decision should be taken on related matters to avoid any frustration on this account.

E. *Research Projects*

4.37 The Committee desired to have an idea about the projects on which research was going on at AIIMS and PGI. In reply, Health Secretary stated in evidence that :

> "At the All India Institute focus on research effort has been on problems of national importance such as fertility control and family planning including physiology of reproduction...Then on nutritional diseases, diarrhoea, filaria, malaria, liver diseases, etc. In other words, all these diseases are such which are rampant in the country. So research has been related to what is nationally important and not basic research. The causative factors of some of the diseases... were identified by the AIIMS faculty for the first time. All these efforts are of current interest. Similarly, when we take PGI because the Review Committee referred to PGI the research effort is mainly devoted to national health priorities. It is demonstrated by the fact that as many as 2446 publications were contributed by the faculty in the last six years i.e. from 1975 to 1981 to scientific journals related to national health priority."

4.38 Asked whether it was a fact that sometimes these Institutes take up reptitive research, resulting in duplication of efforts and infructuous expenditure the witness explained that :

> "Some mention has been made about duplication of efforts in the research field...They have said in the Report that repetitive research has been done and duplication has been done, in all important fields experimental verification of the published research data particularly in the areas of relevance is deliberately undertaken as is done else where in the world. Research has to be repetitive in certain respects. If a careful relook had not been undertaken on the earlier claims of polio and cancer vaccine, the flaws would not have come out. So

the point is that it is not really a duplication. It is a repetitive research...such repetition cannot be avoided, for a yet another reasons, namely that the spectrum and severity of the disease is known to differ in different geographic areas and different ethnic groups."

4.39 Asked, how much allocation was made towards expenditure on research and how it was spent, Director AIIMS stated :

"The amount of money which the Government provides us for research purpose actually has been multiplied several times since we started. This year we have been provided with Rs 8 lakhs exclusively for research. This money is made available to our faculty preferentially to junior members of the faculty who are not able to get funds from other funding agencies. In the last few years the average amount of funds that we have been attractting from other national and international agencies is in the vicinity of Rs 1.2 crores p. a. very frankly, I do not think that we suffer because of lack of funds for research but as far as demand is concerned we can still use more money and buy sophisticated equipment."

4.40 Attention of the Ministry was drawn to the following reported observation of the Review Committee with regard to utilisation of funds:—

"The institutes were required to undertake useful research programmes with the help of their faculty members. Apart from their own funds, funds from various national and international bodies are made available for the programme. While the institutes were able to tell the Committee how their own funds had been used, they could not give a satisfactory report about the use of funds received from external sources. The AIIMS could only indicate that it had received about Rs 100 lakhs as external grants during 1975-80. The Committee found that though several national and international bodies had been collaborating with institutes in research work, only some of them had a system to review the researches done and take timely action for mid-term correction or abandonment of the unrewarding projects".

4.41 The Ministry was then asked to state the systems that had been evolved to review the research projects undertaken by the Institutes with national funds; and how were the progress and achievements of projects funded out of grants by international agencies were reviewed. The Ministry in their reply stated that the AIIMS received funds for research purpose from the ICMR, DST. CSIR, Atomic Energy Commission and INSA. All these bodies had goaloriented research programmes keeping in view the national interest. Progress of all research programmes was monitored by the experts of the funding agency at periodic intervals and if the progress was not satisfactory, funds were discontinued.

In case of international agencies like WHO, IDRC etc., a site visit was made every year by a Team of Experts of the funding agency which conducted a critical review of each of the research programme and a report was sent to the Institute indicating their assessment. It was on this review that the future continuance of funds depended.

4.42 The Committee note the findings of the Review Committee brought to their notice that most of the research work carried out in AIIMS, New Delhi and PGI, Chandigarh, is merely duplication of what has been done elsewhere earlier. Health Secretary, however, held the view that the research in these Institutions is related to what is nationally important and is not basic research, that is why it was repetitive. According to him, such repetitions could not be avoided because the spectrum and severty of diseases differed in different geographic areas and different groups. The Committee desire that a system should be evolved whereby there is coordination and exchange of data etc., amongst the Institutes conducting research within the country.

F. Hospital Services

4.43 The Ministry of Health have furnished, *inter alia*, the following data about the hospital services provided by the AIIMS, New Delhi and PGI, Chandigarh.

	Institute	No. of Resident Doctors	No. of Nurses	No. of Beds	Doctor Patient Ratio	Nurse-Patient Ratio
(1)	A.I.M.S.					
	(a) Main Hospital	420	423	810	1 : 2	1 : 2
	(b) R.P. Centre	61	72	201	1 : 3.3	1 : 2.37
(2)	PGI Chandigarh	631 (including Faculty Members)	403	774	1 : 1	1 : 3 (General ward)

Urban-Rural Imbalance

4.44 The Committee desired to know if it was a fact that AIIMS, New Delhi and PGI, Chandigarh catered mainly to the urban population. In reply, the Health Secretary, pointed out in evidence that :

> "There are only 60 private ward beds including 12 reserved for their employees, out of the total 1010 beds in the AIIMS. Similarly, at the PGI, there are 66 private ward beds out of total strength of 774. The main catchment area for the hospital is not only the Union Territory or Chandigarh but the entire north west area where 80 per cent of the population is rural. So, it would not be correct to say that the services are biased towards urban population and disproportionate attention is given to others".

4.45 Asked, what percentage of rural cases was being attended to in these Institutes, Director, AIIMS, stated :

> "I cannot give you any figures as for as the proportion of rural and urban patients is concerned because there is no way of knowing them. We do not maintain a detailed statistical category or analysis of the urban-rural distribution."

4.46 The Committee wanted to know whether specialised institutes like AIIMS should not be set up in the Capitals of other States, also. In reply, Additional Secretary (Health) stated in evidence :—

> "In Lucknow, as you are aware, the work has already started. They have set up the Governing Body.
>
> I am given to understand that in Patna also, the whole project report is under preparation to set up a similar institution.
>
> ** ** ** **
>
> In North-East also, the Regional Institute of Medical Sciences at Shillong took a decision on super safety treatment.....We are going to make a detailed project report. In fact, that will be under the Centre.....A few cases are coming up. In the South, there are a number of such Centres, which are coming up. The Chitra Centre at Trivandrum is one of the most modern sort of treatment facility available in cardiology and neuro surgery."

(*ii*) *Burns and Plastic Unit in AIIMS*

4.47 A non-official had pointed out, in his Memorandum, that there was no Burns and Plastic Unit in the AIIMS. When asked whether it was a fact, Health Secretary admitted that there was no such unit in AIIMS at present.

(*iii*) *Super-Speciality of Gastroenterology in PGI, Chandigarh*

4.48 It was brought to the notice of the Commttee that the funds made available to PGI, Chandigarh, for Super-Speciality of Gastro-enterology were never fully utilised since its inception. When asked to state the facts in this regard, the Ministry stated that the super-speciality of Gastro-enterology was started during 1976-77. Year-wise budget estimates, actual grants received from the Government of India and expenditure incurred thereagainst during the years 1976-77 to 1981-82 were as follows :—

Year	Budget Estimates	Actual Grant received	Actual Grant expenditure (Rs. in lakhs)	Unutilised grant
1976-77	10.00	7.00	5.44	1.56
1977-78	10.00	7.50	2.06	5.44
1978-79	10.00	10.00	10.00	. .
1979-80	10.00	...	...	...
1980-81	10.00	6.50	2.61	3.89
1981-82	10.00	7.28	7.28	—
TOTAL:	60.00	38.28	27.39	10.89

4.49 The Ministry further stated that the savings were due to non-creation of posts required by the Department and non- utilisation of beds for wants of space. Necessary steps to create the additional posts and install the additional beds had already being taken separately. The purposal for the creation of posts Professor and Assoriate Professor of paediatric Gastro-entrology and human nutrition was taken up in the Academic Committee meeting on 12th January, 1983. All the rest of the faculty posts asked by the Department of Gasteroentrology have been created.

4.50 A fifteen bedded ward for the Department of Paediatric Gastro-entrology was under construction and was likely to be commissioned within this financial year.

(*iv*) *Waiting period*

From the data furnished by the Ministry it has been noticed that the approximate waiting period in PGI, Chandigarh has been as under :

(1) Barium Studies	—	1 month
(2) Urology investigations	—	1½ months
(3) Department of Cardiology	—	6 months

4.51 The Committee desired to know the reasons for such long waiting periods. In reply, Ministry stated that :—

(i) Delay in investigation are mostly due to much larger number of patients than what the existing machines and manpowers can handle.

(ii) Each special investigations in Radiology (like barium meal, intra-venuous, pyelography, angiography, cardiac cathetrization etc.) takes 4-6 hours or even more time, so that fewer patients requiring such investigations can be accommodated.

(iii) All serious, patients requiring special investigations are attended on priority basis.

4.52 The Ministry indicated that these considerations were applicable to all the centrally governed hospitals also.

4.53 The Ministry in a Note, assured that steps to augment the essential equipments for these investigations in Chandigarh and Delhi Hospitals are being taken so that an increasing number of patients could be accommodated.

(v) *Sanitation*

4.54 It has been stated in non-official memorandum that the factors responsible for insantitary conditions in Central Hospitals were generally the improprieties of the relatives of the patients, coming on visits, the staff themselves not knowing the standard of cleanliness to be maintained and difficulty in enforcing discipline among class IV staff in this regard.

4.55 The ministry also pointed out in the Preliminary Material furnished to the Committee that lack of civic sense in patients and their attendants was the main cause of insantitary conditons in the hospitals.

4.56 The Committee wanted to know if an outside Agency could not be given contract for maintaining cleanliness in all the Central Hospitals in Delhi and elsewhere. The Ministry in their written reply informed the Committee that Review Committee of AIIMS, and PGI, Chandigarh had made such a suggestion and the same was still under consideration of the Institute Bodies of both the Institutes.

(vi) *Boarding and Lodging for Attendants*

4.57 As regards the arrangements for boarding and lodging for attendants of patients, the Ministry has in a Note, intimated as under :

(a) For lodging of the attendants and relatives of the patients who are hospitalised at AIIMS, a separate building which has a capacity to accommodate about 130 persons has been provided in the campus. An expansion progrmme to accommodate another 25 persons is in progress. It is proposed to further expand the existing facilities to accommodate another 50 persons.

(b) As regards PGI, Chandigarh, Nehru Hospital attached to the Institute has two sarais known as old sarai and new sarai. The old sarai has got 45 rooms. The new sarai has 20 cabins. Attendants of patients who are hospitalised and patients requiring out-door treatment in the Departments of Radiology, Neurology, Orthopaedics, Cardio-thoracis Surgery eligible for allotment of rooms in the two sarais.

4.58 Asked, whether Philanthropic persons/agencies were approached by the Institute authorities to build "Dharamshalas" for the purpose on the land already available wilh these Institutes. In reply, the Ministry assured that :—

> "The Institutes will be advised to explore the possibilities to expand the existing facilities by getting suitable donations from voluntary organisations and agencies willing to render assistance in this regard."

4.59 It transpired during evidence that no separate statistics of rural and urban patients treated in the Hospitals of AIIMS, New Delhi and PGI, Chandigarh are being maintained. The Committee feel that it would be useful to compile such statistics.

4.60 The Committee are concerned to note that though cases of fire accidents in and around Delhi are increasing, the AIIMS, New Delhi has no Burns and Plastic Unit. The Gommittee regard this as a serious shortcoming and recommend that such a Unit be set up soon.

4.61 The Committee find that at PGI, Chandigarh there has been underutilisation of funds in the Department of Super Speciality of Gastroenterology since

its inception i.e. from the years 1976-77 to 1981-82 excepting during 1978-79. During the period 1976-77 to 1981-82 the Department could utilise only Rs. 10.89 lakhs out of the total grant of Rs.38.28 lakhs. Reasons advanced by the Ministry are non creation of posts required by the Department and non-utilisation of beds for want of space. The Committee are surprised that no steps have been taken in this direction for all these years. That show an attitude of indifference on the part of Institute authorities. The Committee recommend that corrective steps should be taken without any further delay.

4.62 The Committee find from the reported observation of the Review Committee that both, AIIMS, New Delhi aud PGI, Chandigarh were expected to set up rural health centres to expose medical, dental and para-medical students to the health care problems of the rural population and make them aware of the conditions in which they would be required to work. The Review Committee is stated to have inspected the Centres set up by the Institutes and have found that both have failed to gain this objective even partially. Health Secretary stated that a communication gap seems to have prevented adequate appreciation by the Review Committee. It is difficult for the Committee to accept Health Secretary's view in the face of a finding of the Review Committee made after an on the spot inspection of the Centres. The Committee regret that this vital objective of of the Institute is not being achieved even partially. The Committee would like the Ministry to see that the AIIMS and PGI take concrete steps in pursuance of this objective.

4.63 The Committee note that waiting period for patients for special radiology investgations and cardiac cathederisation in PGI, Chandigarh and Delhi hospitals is quite long. It varies from one month to 1½ months in certain Departments while it is as much as 6 months in the Department of Cardiology. Reasons ascribed to this situation are stated to be large number of patients coming up for such investigations and 4-6 hours taken for each special investigations in Radiology. The Committee cannot but express concern over such delays in these specialised investigations. In the Committee's view, if the waiting periods are unduly long, the possibility of diseases becoming chronic or incurable or proving fatal cannot be ruled. out. The Committee, therefore, urge that hospital services in these two Institutes should be so organised that the waiting period for investigations is the barest minimum.

4.64 According to the Ministry of Health lack of civic sense in patients and their attendants is the main cause of insanitary conditions in hospitals of AIIMS, New Delhi and PGI, Chandigarh. The Committee recommend that if it is not possible for the sanitary staff of the hospital to ensure sanitation, outside agencies may be given contracts for maintaining cleanliness to begin with in a few wards in the hospitals on experimental basis. This system, if found successful, could later on be extended to other hospitals in Delhi also.

4.65 The Committee find that as against their bed strength of 1011 and 774 respectively, AIIMS, New Delhi and PGI, Chandigarh have made arrangements for the boarding and lodgings of 130 and 65 attendart of patients only. This, by any standard, is not at all adequate. The Committee can well imagine hardship that attendants of the out of-town patients admitted in these Hospitals must be facing in finding shelter. AIIMS, New Delhi is understood to be planning expansion of the existing facilities to accommodate at the most 75 more persons. The Committee feel that if the Institutes find it difficult to raise accommodation from their own funds, they should tap voluntary/Philanthropic agencies within the country and abroad for help in this humanitarian task. The Committee desire that their should be Dharamshalas with adequate accommodation and good sanitary facilities for the attendants of patients of these institutions.

4.66 During the course of their on the spot visit to PGI, Chandigarh, it was represented to the Committee that the area adjacent to the PGI complex, should be handed over to it for its expansion. In the area adjacent to the PGI, the Military Authorities are running a Hospital. But the Militry Hospital is going to be shifted from there. The land and Buildings at present occupied by the Army Hospital should be transferred to the PGI. The PGI is in dire need of more space and Buildings.

G. System of Management

4.67 Dealing with the system of Management followed at the AIIMS, New Delhi, Health Secretary stated in evidence that the purchase of equipment drugs, surgical stores, linen and general stores are effected through various committees chaired by a senior member of the Faculty. The main committees are those of Drug Purchases Committee, Surgical Stores Purchases Committee, Linen & General Stores Purchases Committee etc. These Committee are being supplied with data on the basis of the record maintained by hospitals for various stores, Purchase orders are processed and placed on the advice of these committees which go into the requirement on the basis of average rate of consumption and requirement of stock. In arriving at stock position, the period of supply is also taken into account in ordering various stores. The purchase of equipment is centralised. The need is examined by the Chairman and the Secretary of the Hospital Management Board, in consultation with members of the Clinical Faculty requiring the equipment.

4.68 The Committee wanted to know whether modern management concepts were being followed in such matters. The witness said :

> "It is true that modern management concepts like that of unit cost service rendered, effective controls, and overall medical audit are not present at the AIIMS."

4.69. It was brought to the notice of the Committee that sophisticated equipment worth lakhs of rupees was lying idle in PGI, Chandigarh. The Ministry stated in this regard that the Hospital Engineering Department has got the Bio-Medical Section which looks after the sophisticated equipment. Out of the total equipment costing Rs. 4.48 crores. equipment costing Rs. 6.42 lakhs is lying idle for years together, for one reasons or the other.

4.70 Asked to state the purpose for which this equipment costing Rs. 6.42 lakhs was procured and in view of its remaining idle how is the purpose being served, the Ministry informed the Committee that the equipment was procured for the Departments of Ophthalmology, Parasitolgy, Neurology, Endocrinlogy and Biochemistry. Most of the equipment which was purchased years ago has outlived ts normal life and is required to be condemned. Spare parts in respect of others are not available as the firms have stopped manufacturing those models. Efforts were being made to repair and make the equipment operational wherever spare parts were available and the equipment could be put to use after such repairs.

4.71 Health Secretary Conceded in evidence the fact that modern management concepts and overall medical audit etc., are not present in AIIMS, New Delhi and PGI, Chandigarh. The Committee were informed that these aspects are looked after by various Committees e.g. the Drug Purchases Committee, the Surgical Store Purchases Committee, Linen and General Stores Purchases Committee etc. The purchase of equipments is stated to be centralised. The Committee feel that as premier Institutes in the medical field, AIIMS & PGI should set an example to other medical institutes by taking to modern management techniques which would no doubt entail some expenditure but will be an investment for future and could result in functional efficiency and savings in the long run.

4.72 The Committee note that equipment worth Rs. 6.42 lakhs is lying idle in various departments for years together in PGI, Chandigarh. Ministry's explanation is that most of it has outlived its normal life and is required to be condemned. Spare parts are not available for some equipment and the concerned firms have stopped manufacture of those models. Efforts are stated to be on for repairing the equipment wherever spares are available. The Committee recommend that utmost care should be taken by the authorities concerned in procurement of equipment and purchase of obsolete models avoided. Timely decisions should also be taken for condemnation/disposal of unusable equipment.

CHAPTER V

DELHI HOSPITALS

A. Enquiry into conditions in Delhi Hospitals

5.1 Ministry of Health & Family Welfare constituted an Enquiry Committee on the 16th November, 1967 under the Chairmanship of Dr. K.N. Rao, the then Director General of Health Services in order to review the working of Hospitals in Delhi with a view to improving the facilities for medical, surgical and specialist care. The Committee carried out a survey and reviewed the working of the hospitals in Delhi. The Committee submitted its report on the 25th April, 1968. It made certain observations about the working of the hospitals and gave recommendations regarding administration, laboratory and radiological services, medical services, surgical services, problems of coordination and allied matters of the Delhi hospitals.

5.2 The Committee desired to know as to which recommendations of Rao Committee were accepted by Government. In reply, the Ministry of Health intimated in a Note that :

> "DGHS has stated that to the best of their knowlege the findings of the Dr. K.N. Rao Committee were not officially accepted by the Government. The suggestions made by the Committee are being followed in the Central Govt. Hospitals in one form or the other but the question of formal implementation of these recommendation does not appear to have been finally decided. This report is over 14 years old and the relevant files in which the report might have been dealt with are not readily available at this point of time. It is, therefore, not possible to give detailed information in this regard."

5.3 Asked if, as recommended by Rao Committee in 1968, a Health Board for Delhi has been appointed, the Ministry stated :

> "The Committee had recommended that a Regional Health Board should be constituted to coordinate the programmes of different administrative units in Delhi area. Accordingly, there is a High Powered Board chaired by Lt. Governor to coordinate the functioning of the hospitals.
>
> In addition, a Hospital Control Board is already functioning in the interest of working efficiency and services of Central Govern-

ment hospitals of Delhi with a view to evolving an effective and speedy set up for taking decisions and giving financial clearances without undue delay. A proposal for constitution of a Delhi hospitals Authority which will be concerned with the delivery of medical care service to the general public and for the coordinated control of Delhi hospitals run by the various agencies is under consideration."

5.4 Asked when the Health Board in Delhi was constituted, the representative of the Ministry said in evidence :

"Delhi Hospitals Board with Lt. Governor as its Chairman has been working for the last two years. The Board has met a number of times and drawn up a master plan for health services in Delhi and are now working on Central Ambulance Service."

5.5 A former DGHS who happened to head the Review Committee has in the Memorandum, pointed out that the hospital and health situation remains as it was then and with the increase of population, high inflation, scarcity of pure drugs, and labour problems in hospitals the situation is probably worse.

5.6 Referring to the lack of coordination amongst various authorities running Delhi hospitals, the former D.G.G.S. stated in evidence that :

"Even in emergency you find that lot of patients, even the heart patients, are made to lie down in the corridors. This is what happened in the Emergencies. Therefore, if you want to reorganise, this can only be done by declaring for Delhi a regional health Board under which there are public health and referral systems. In Delhi at present there are four or five separate arrangements under different agencies-central Government Army, Employee State Insurace, Delhi Administration, Municipal Corporation, Municipal Committee— having their own hospitals and there is no coordination between them. So, all these different agencies have to be brought under one single body to have some sort of coordination between them."

The witness added :

"At present the conditions in hospitals are very deplorable. If you go to hospital and have an operation, you are likely to get infection. Drugs are not available, with the result we are unable to move forward. We are unable to show to the people that we can give proper service to them. Therefore, coordination is very important and the Lt. Governor or the Secretary should get these things by bringing all the hospitals under one authority for providing a coordinated medical service to the people of Delhi."

5.7 The Committee note that an Inquiry Committee under the Chairmanship of Dr. K.N. Rao, former Director-General of Health Services, was appointed to review the working of hospitals in Delhi with a view to improving the facilities for medical, surgical and specialist care and that the report of the Committee was submitted in April, 1968. They are surprised that the relevant files in which the report had been dealt with are not readily available and therefore it has not been possible for the D.G.H.S./Ministry of Health to give detailed information in regard to follow-up action taken on the recommendations of that Committee. The Ministry have quoted the DGHS's statcment that "to the best of their knowledge the findings of the Dr. K.N. Rao Committee were not officially accepted by the Government" and that "the suggestions made by the Committee are being followed in the Central Government Hospitals in one form or the other but the question of formal implementation of these recommendations does not appear to have been finally decided." The Committee cannot but deplore this casual approrch to the Reports of Committees set up by Government on the production of which considerable time and money have been spent. They would like the Ministry to expeditiously examine, if necessary *de novo*, each recommendation of Dr. K. N. Rao committee and, in the case of such recommendations as are accepted by the Government, take concrete follow-up action. This process should be completed within the next six months under intimation to the Committee.

5.8 A former DGHS told the Committee that the state of Delni hospitals and health situation in Delhi remains to be as it was in 1968 and that with the increase in population and other factors, the situation is probably worse. Conditions in hospitals are deplorable, even in emergencies ; heart patients are made to lie in the corridors ; insanitary conditions lead to infections and drugs are not available. Worn out and dirty mattresses and linen are a common spectacle in Hospital Wards contribute to unhygienice conditions. The Committee recommend that a survey should be conducted by the Senior Officers of the Ministry to locate areas of deficiency in all the Delhi hospitals at the earliest and time bound measures evolved to bring about all round improvements. The ~~details~~ detail and the results of such an exercise should be communicated to the Committee, within six months. The Committee would, in particular, recommend that mattresses and Pillow should be changed at fixed periodic intervals. Washing plants of adequate crpacity should be installed in all the hospitals, wherever not available. The colour of the bed sheets and pillow covers should be such as would not be dull, drap and depressing to the patients. The Committee would appreciate if these suggestions could be communicated to the State Hospitals also.

B. Availability and Procurement of Drug

5.9 At present the Medical Stores Organisation consists of 6 depots one each at Bombay, Calcutta, Madras, Hyderabad, Gauhati and Karnal and a Sub-depot at Delhi. One Pharmaceutical factory each is attached to the depots at Bombay and Madras, which can manufacture about 100 odd common

drug formulations, ointments and others materials like bandages etc. The Depot at Bombay, Calcutta and Madras have Chemical Testing Laboratories attached to them to ensure quality of drugs manufactured at the factory and purchased from private parties. A biological laboratory alongwith an Animal House is being developed at Medical Store Depot, Madras.

5.10 Apart from some common drugs formulations, ointments, materials like bandages manufactured by the factories attached to Medical Store Depots at Madras and Bombay, the bulk of the stores are purchased by the Government Medical Stores Organisation through the DGS&D from the firms registered with the DGS&D store items cositng Rs. one lakh per item are purchased by the Medical Store Depots with the approval and sanction of the Directorate General of Health Services from the firms registered with them from time to time. Store items costing Rs. 25,000 each or less at a time are purchased by the Medical Store Depots under their own powers from the firms registered with them.

5.11. With regard to availability of life-saving drugs in the AIIMS, New Delhi, the Ministry have stated that some imported drugs obtained through various firms in India are also stocked by the Hospital, but the hospital does experience some difficulty in procurement of such drugs. This difficulty is also experienced with respect to the drugs for which the raw material has to be imported by the manufacturing firms. The hospitals has to rush to the Drug Controller and take its help to procure such drugs in limited quantities. Recently, the manufacturers have also shown their inability to supply some of these drugs. This does put the hospital store under great strain in case of demand made by the clinic.

5.12 The position in other Delhi hospitals in this regard also appears to be similar. It has been suggested by the AIIMS, New Delhi that such drugs, particularly the antidotes and anti-cancer drugs be identified by a Central Agency of the Government and that procurement should be made in bulk by that agency for issue to the consumer hospitals at the time of need so that these were made available to the patients without any loss of time. otherwise, every hospital had to make individual attempts to procure these druges from abroad which was time consuming and involves duplication of efforts. The procurement of such life saving drugs by a Central Agency will not only ensure quality control of the drugs but will also cut down the delays in availability of such drugs to the consumer hospitals.

5.13 Asked, what the Government had to say in regard to this suggestion, Additional Secretary (Health) stated during evidence :

> "I would first submit that drugs like anti-cancer drugs are coming in a finished form. A large number of drugs in the country are

coming in terms of bulk drugs and are converted into formulations, in the country. Anti-cancer drugs are rather a newer development in pharmacology. Therefore, they are coming into the country in a finished form as capsules or whatever is the dosage form. They are on Open General Licence. As far as import is concerned, they do not require an import licences. The problem of getting an import licence to import these drugs does not arise. But problems do arisebecause many of these drugs are branded drugs ; each specialist prefers a certain brand made by a certain foreign manufacturing company."

5.14 Asked, whether life saving drugs have been identified, the witness stated :

"Generally the Hathi Committee has listed out 117 as what they call highly essential drugs.....In regard to these drugs here the import is in fairely large quantity, they are canalised through the STC."

5.15 Asked, how does the STC distribute these drugs to the States throughout the country, the witness stated :

"They distribute it to all the manufactures and there are more than 1000—about 1500 manufactures, big and small who are borne on their list. They are given to them to formulate it and sell it."

5.16 Asked, how did the Ministry define life saving or essential drugs, DGHS stated :

"Essential drugs are those which are required for most of the masses whereas the life-saving drugs are those which are required for immediate application. Otherwise every drug is a life-saving drug in a period of time. Therefore, that definition is usually confined to those drugs which are required immediately for saving a life in emergency."

5.17 With regard to production of indigenous drugs, Additional Secretary (Health) claimed :

"So far as the production of these drugs are concerned, there is a continous interaction between the Department of Chemicals and Fertilizers and our Ministry. Whenever they issue licence for manufacture and whenever they fix prices we are consulted. The quality control is also our function. So there is a continual institutional arrangement between us and adequacy of the life-saving drugs is maintained to the extent possible in the country. Then from time to time we get information from the WHO about the drugs banned. There are four drugs out of the 17 drugs which the WHO wrote to us that they have been banned in one country or the other."

5.18 Asked why of the banned drugs are being allowed in our country, Additional DGHS stated :

> "Mexaform is one and it has produced complications in ethnic groups in Japan but that drug has been used in India extensively but no complication has been reported from anywhere in the country. We have used it for dysentery for years together without any complications.

5.19 Asked, what were the Govt. agencies through which essential drugs equipment were purchased, Health Secretary stated :

> "Every year we spend a considerable amount on the purchase of drugs and equipments for hospitals. Then there are certain items like furniture, which we may continue to get through DGS&D. We will prepare a note for the Cabinet."
>
> Additional Secretary (Health) stated :
>
> "You are talking of drug purchases. This has been a battle of contention between us and DGS&D through whom we have to go. We have been fighting that DGS&D should not float tenders to all and sundry."

5.20 Asked, whether the Ministry was aware that many spurious/sub-standard drugs were being sold in the market which endanger the lives of the people, Health Secretary stated :

> "We are working on that thing.....Care should be taken in purchasing medicines. There may be some stray cases when some people may indulge in wrong methods. Whenever we find any such cases we take strong action. We have some institutional arrangements whereby we see that such things are minimised."

5.21 The Indian Drugs and Pharmaceuticals Limited furnished a note to the Committee on "Purchase of products of Public Sector Drugs Units by Central/State Governments. The note *inter-alia* states :

(i) The total purchases on account of hospitals business in the country is to the tune of Rs. 450 crores. Out of this business accruing on account of IDPL range of products will be around Rs. 220 crores. Out of this Central Government purchases would account for Rs. 70 crores and the State Governments purchased would account for around Rs. 150 crores.

(ii) At present the share of business enjoyed by IDPL in the Central Sector is only Rs. 8 crores and in the State Sector Rs. 34 crores.

(iii) The prices of drugs and formulations are fixed by Government themselves after the cost study by Bureau of Industrial Cost and

Prices. Therefore, there is no necessity for inviting tenders which only lead to avoidable competition.

(iv) The note suggests that all purchases by the Central and State Governments should be made from IDPL and other Public Sector Units, without going in for any tender formalities.

(v) There are a number of Centrally aided schemes for National Health Programme like anti-malaria programme, anti-T.B., family planning, small-pox, floods and droughts relief etc. Central assistance for the Health Sector to State Governments should be made in the form of drugs purchases from IDPL and other Public Sector units instead of in the form of funds.

5.22 The Committee understand that the difficulties are being experienced by AIIMS and various other hospitals in procuring imported, or imported material based for life saving and other essential drugs. With regard to a suggestion that these drugs should also be imported through a centralised agency, Health Secretary stated that the difficulty was that many of these drugs were branded drugs and each specialist preferred a certain brand made by a certain foreign manufacturing company. Nevertheless the Committee, desire that the Government may give a serious consideration to the suggestion of import of these drugs through a centralised agency in order to obviate difficulties experienced by the hospitals/ consumers. That agency can, however, go into the question as to which of the formulations are most effective and popular among the doctors/specialists which could be imported.

5.23 The IDPL has indicated that the total purchases on account of hospital business in the country is to the tune of Rs. 450 crores Out of which business accruing on account of IDPL range of products was around 220 crores, Central Government purchases accounting for Rs. 70 crores and State Government purchases accounting for around Rs. 150 crores. But, the present share of business enjoyed by the IDPL in the Central Sector is to the tune of only Rs. 8 crores and in the State sector only Rs. 34 crores. Prices of drugs and formulations of IDPL are stated to be fixed by Government themselves after cost study by Bureau of Industrial Cost and Prices. The Committee recommend that other things like price and quality being equal, preference should be given to the purchase of drugs from the Public undertakings. The Committee further recommend that the possibility of a Centralised drug Purchasing agency under the Ministry of Health rather than going through the DGS&D should be explored.

C. Delay in filling up vacancies in Central Hospitals

5.24 The Ministry in a note furnished to the Committee stated that the

existing number of vacancies in respect of Central Hospitals is as follows :

Category of Posts	Safdarjang Hospital	Dr. Ram Manohar Lohia Hospital	Central Hospital Dhanbad	Central Hospital Assansol
Specialist Grade I	16	16	7	4
Specialist Grade II	2	—	4	4

5.25 As regards extent of delays involved in filling up various posts in Central Hospitals, Ministry of Health have intimated that :

(i) A competitive examination is held by the UPSC followed by interviews, every year for recruitment to Junior Class I posts. It has been the experience that normally it takes more than a year for the UPSC to recommend candidates and another three months to complete the administrative formalities like medical examination and verification of character and antecedents ;

(ii) Recruitment to the posts of Assistant Professors on the teaching side (*i.e.* Specialists Grade II) is made 100% by direct recruitment through the UPSC. Posts of Associate Professors are filled up by promotion of Professors with 5 years' service in the grade on the basis of seniority-cum-fitness failing which by direct recruitment through UPSC. Normally UPSC takes 4 to 6 months to recommend a candidate, if available. It takes another 3 to 4 months to complete other administrative formalities ;

(iii) The posts of Specialists Grade I are filled up 75% by promotion and 25% by direct recruitment as per CHS Rules, 1982. For filling up promotional posts, Departmental Promotional Committee meet under the Chairmanship of the Member of UPSC.

(iv) A lot of delay is caused in recruitment of para-medical staff. These delays are due to (a) failure on the part of employment exchange to make available sufficient number of eligible candidates for consideration ; (b) Non-availability of candidates belonging to SC/ST categories possessing requisite qualifications ; (c) persons selected through Departmental promotion are not willing to go to an outside station ; (d) Non-fulfilment of recruitment rules by Departmental candidates.

5.26 The Committee desired to know if to avoid delay in recruitment of para-medical staff, it was not possible to select persons from open market by advertisement in Newspapers. In reply, the Ministry of Health have, in a

Note, pointed out that :

> "According to the general policy of the Government of India as applicable to all the offices/organisations of the Central Government (including Delhi hospitals), recruitment of para-medical and other similar staff is to be done through the Employment Exchange. The question of notifying the vacancies through newspapers can be considered oniy if suitable candidates are not available from the Employment Exchange. The suggestion made in this regard for obtaining candidates simultaneously through newspapers as well as the Employment Exchanges cannot, therefore, possibly be considered by this Ministry."

5.27 The Committee have been informed that recruitment to Junior Class I posts of the Medical Service through UPSC takes more than a year to materialise. Recruitment to Specialists Grades too involves a delay of 4-6 months. After names are recommended by the U.P.S.C. it takes another 3-4 months to complete formalities like character verification and medical examination. The result is that Central Hospitals remain under-staffed for long periods. The Committee strongly urge that the delay in recruitment should be reduced. One of the reasons contributing to delays is the requirement to verify the Character antecidents of candidates before their appointment. The Committee suggest that the Ministry of Health may take up with the Ministry of Home Affairs/ Department of Personnel the question of appointments being made subject to police verification which may be got done after the appointment.

5.28 With regard to delay in recruitment of para-medical staff, the Ministry has stated that it occurs due to failure on the part of employment exchange to make available sufficient number of eligible candidates and non-availability of ST/ SC candidates possessing requisite qualifications. The Committee suggest that a time limit may be fixed for the employment exchanges to send nominations failing which recourse may be had to making recruitment from the open market.

5.29 The Ministry in their reply to an observation contained in 22nd Report (1981-82), informed the Committee that "comparatively small percentage of the candidates recommended by the UPSC for CGHS have joined their posts" The percentage of candidates who joined CGHS ranges from 22 to 40. In Committee's view lack of adequate promotional avenues is one of the major reasons for lack of enthusiasm among doctors for joining Central Services. The Committee, therefore reiterate their earlier recommendation in para 1.30 of their 38th Action Taken Report (1982-83) that doctors and members of para-medical staff should get at least three promotions in their entire career.

D. Shortage of Doctors/Nurses in Delhi Hospitals

5.30 The Ministry informed the Committee that there was no prescribed norms for doctor-patient ratio and nurse-patient ratio. The Ministry, however,

gave the respective ratios in respect of the following hospitals during the year 1981 as under :

Name of Hospital	Doctor-patient ratio	Nurse-patient ratio
Dr. R.M.L. Hospital	1:3.19	1:2.51
LNJPN Hospital	1:8	1:3.6
Lady Harding Hospital	1:3	1:3.1
Safdarjang Hospital	1:13	1:3

5.31 Asked to state the criteria for sanctioning the strength of doctors/ nurses in these hospitals in the absence of prescribed norms ; what would be the doctorpaient ratio if the O.P. Ds are also included; and whether the variations in the ratios in different hospitals in Delhi, as shown above, been gone into, the Ministry in a written reply informed the Committee as follows :

> "It is not possible to fix a combined and unified criteria or norms for providing doctors/nurses in all the hospitals. Requirement of doctors/nurses vary from Department to Department and from service to service according to the actual requirements of the patient. A Coronary Care Unit will require constant and individual attention by a doctor and nurse while in the OPD less number of doctors/nurses are required because they have to attend to both minor as well as critical cases. Similarly, patients with chronic diseases may not require much frequent attendance by doctors, etc.
>
> Similarly, every hospital has its own peculiarities keeping in view the geographical conditions, morbidity rate of population and specialities/services provided in it.
>
> In this way, the strength of doctors/nurses for different departments services in each of the hospitals is fixed according to its need-based requirments. Further, the variation in the ratio in different hospitals in Delhi cannot be eliminated altogether."

5.32 The Committee find that there are wide variations in the Doctor-patient ratio in Central Hospitals in Delhi. While the doctor-patient ratio in Lady Harding Hospital and Dr. RML Hospital is 1:3 and 1:3.19 respectively, the ratio is 1:8 in the case of LNJPN Hospital and 1:13 in the case of Safdarjung Hospital. There are no prescribed norms for Doctor-patient ratio or for nurse-patient ratio. The Ministry of Health have pleaded that as requirement of Doctors vary from Department to Department and from service to service "it is not possible to fix a combined and unified criteria or norms for providing doctors/nurses in all the hospital." The Committee are not prepared to accept this contention. The Committee recommend that if norms cannot be fixed for the Hospital as a whole, attempt should be made to lay down norms Department/service-wise.

E. Workload in O.P.Ds in Delhi Hospitals

5.33 The load in the O.P.Ds of Dehi hospitals is very heavy and is on the increase year after year. The circulation area in O.P.Ds remaining the same for a long time, much difficulty is experienced by the doctors/para-medical staff as also the patients and their attendants.

5.34 Asked to state the thinking of the Government to improve the conditions in O.P. Ds of Delhi hospitals, the Ministry explained in a note that :

> "The population of Delhi has been increasing at a fast rate. According to the census figures of 1981 the population of Delhi is 61,96,440 which shows an increase of 52.4 per cent in the past 10 years. Similarly, the density of population has also increased from 2742 to 4178 per Sq.Km. as against the all-India density of 221 per Sq. Km. Accordingly the pressure on Delhi Hospitals is increasing day by day. The development plan of hospital services in Delhi has taken into account the growing needs of the people. The VI Plan provides for two 500-bedded hospitals and three 100-bedded hospitals. It will lessen the pressure on the existing hospitals considerably.
>
> As regards plans to increase the circulation area in hospitals, it may be stated that a building for OPD Phase II has been constructed for Safdar-Jang and it is presently occupied by the University College of Medical Sciences. This building is anticipated to be available for use in the Safdar-Jang Hospital some time in 1983-84 after shifting of the Medical College to its new premises at Shahadara. Further, a scheme which comprises a self-contained OPD housing various disciplines has been approved and an amount of Rs 15,00 lakhs has been allotted for its building during the Sixth Five Year plan. This project will be taken up for construction.
>
> Similarly, the requirement of medical and paramedical staff are concurrently reviewed and strengthened according to the needs."

5.35 As regards Dr. Ram Manohar Lohia Hospital, the Ministry has intimated that 2 additional floors have been added to the OPD building during the last 5 years increasing the circulation area and space.

5.36 The Committee find that the 6th Plan had provided for setting up of two 500-beded and three 100 beded hospitals in Delhi. The Committee recommend that these Hospitals should be set up soon to relieve pressure on existing Hospitals in Delhi.

5.37 The Committee underline the need for an increase in the circulation area of Out-Patient Departments in the Delhi Hospitals which are at present

highly overcrowded and desire that ways and means may be explored to make suitable additions to this area.

F. Plan Outlays—Medical Relief

5.38 The Ministry of Health have furnished the following figures indicating Budget estimates (Plan) and actuals in respect of provision for "medical relief" mainly for the hospitals, run by the Central Government under Grant relating to Medical & Public Health :

Year	*Budget Estimates* (Rs in lakhs)	*Actual*
1975-76	80.91	52.81
1976-77	89.55	78.62
1977-78	107.38	107.42
1978-79	656.82	288.90
1979-80	153.46	100.16
1980-81	174.62	82.49
1981-82	216.79	100.85

5.39 The above figures show that except during the year 1977-78 the actual expenditure had always been much less than the budget estimates.

5.40 Asked about the reasons for these large variations between the budget estimates and actuals, Health Secretary stated :

> "Within this limited field like medical relief, there have been short falls...In future our effort will be to see that we do not allow a single pie to lapse."

5.41 The Committee are distressed to find gross under-utilisation of plan funds in respect of the hospitals run by the Central Government in 5 years during the period 1976-82. One can imagine to what extent the augmentation of facilities for medical relief could have been retarded by the inefficiency of the authorities. Shortfalls in expenditure and surrenders of funds in this vital sector of Health, are highly deplorable. The Health Secretary assured the Committee that "in future our efforts will be to see that we do not allow a single pie to lapse."

NEW DELHI ;
April 27, 1983
Vaisakha 7, 1905 (Saka)

BANSI LAL,
Chairman,
Estimates Committee.

APPENDIX

STATEMENT OF RECOMMENDATIONS/OBSERVATIONS

Sl. No.	Para No.	Recommendation/Observation
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1	1.5	Medical Relief is the responsibility of the States, but in actual practice the Government of India is providing substantial assistance to the States for the implementation of important Health and Family Welfare Programmes. Many Priority Programmes like Family Welfare, Control of Leprosy and Control Blindness receive 100 per cent assistance. The Committee do not consider the existing arrangement for monitoring the implementation of the Priority Programmes, adequte. They suggest that an integrated planning and monitoring cell should be established in the Ministry to ensure that the Programmes are formulated and implemented properly. The functions of the cell should also include State wise annual appraisal of implementation of the Programmes and undertaking on the spot studies with a view to suggesting corrective measures promptly. The results of such appraisals should be published in the Annual Reports and Performance Budget of the Ministry for information of Parliament.
2	1.14	The Committee are happy to note that at long last Government have come out with a National Health Policy. The policy envisages the goal of "Health for all" by the year 2000 AD and lays special emphasis on the preventive, promotive and rehabilitative aspects of health care in the country. The policy also stresses the need for decentralisation of the health services with emphasis on correcting rural and urban imblances in the field of public health and medical relief. The Committee suggest that a perspective plan should be drawn up without loss of time to implement the policy with due regard to the

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		need for balanced development. The Centres responsibility for funding and other assistance should be clearly identified and put on a firm basis so as to leave no uncertainty and effective institutional arrangement for ensuring implementation avoiding time and cost overcut evolved.
3	1.15	The Committee also welcome the appointment of the Medical Education Review Committee for evolving a national Medical Education Policy. The Committee hope that the final Report of the Review Committee would have by now been received and Government would be in a position to announce the Medical Education Policy consistent with the National Health Policy soon.
4	1.33	Out of a total Health Plan allocation of about 1972 crores in the 6th Plan, roughly Rs. 1250 crores are stated to have been allocated for rural health/ medical relief schemes. Medical relief facilities are provided in rural areas through the centrally assisted Minimum Needs Programme by opening of sub-centres, primary health centres, subsidiary health centres etc. There is also a Health Guide Scheme exclusively catering to the health needs of the rural areas, according to which one Health Guide is provided for an average of 1000 rural population. From a note furnished by the Ministry it is seen that as on 1.4.1982 56595 sub-centres, 5853 primary Health Centres, 2540 subsidiary Health Centres and 357 upgraded PHC's/Health Centres are in position. During 1982-83, the Ministry has the target of setting up 7656 more Sub-Centres, 188 Primary Health Centres, 637 Subsidiary Health Centres and 93 upgraded PHC,s/Community Health Centres in various States. It is, however, surprising that in the States/ Union Territories of Karnataka, Kerala, Manipur, Sikkim, Tripura, Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, Dadra and Nagar Haveli, Goa, Daman and Diu, Lakshdeep and Pondicherry there is neither an Subsidiary Health Centre at present nor there is any proposal to set up these by 1 April, 1983. Almost similar position obtains

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	with regard to setting up of upgraded PHC's/ Community Health Centres. The Committee would like to know the reasons for this state of affairs. The Committee desire that the Ministry should take the initiative in formulating these schemes for the regions which have not taken up these and ensure that there is a balanced development of the facilities in the remaining period of 6th Plan and in future plan periods.
1.34	The Committee understand that, as on 1.4.1982, there are 5853 Primary Health Centres functioning in the country. These are a medium type of medical centres to cater to the primary health and medical relief needs of the rural areas. The Committee have reasons to believe that all the inputs necessary for the meaningful functioning of these centres are actually not available. Health Secretary conceded in evidence that in 36 PHC's there were no doctors at present. If this is the position with regard to doctors, the position obtaining in regard to other inputs and their effectiveness can well be imagined. The Committee, therefore, desire that a machinery should be evolved in coordination with the Health authorities of State Governments to ensure that there is not a single PHC which lacks any of the essential inputs including medicines.
1.35	The Committee note that as on 30.9.1982, 2,27,582 health guides were functioning in rural areas under the Health Guide Scheme. Many of the States and Union Territories are stated to have achieved the target of appointing the Health Guides in all the districts. Some of the States are stated to have the programme to cover all their districts by 1983-84, excepting the State of Bihar. The Committee desire that the Bihar Government should also be enabled to cover all their districts under this scheme by 1983-84.
1.36	The Committee feel that paltry sum of Rs. 50/- given as honorariam to the health guides to meet expenses towards visiting PHC's etc., is not adequate.

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		They desire that its upward revision should be considered by the Ministry.
8	1.37	The Committee are told that to encourage doctors to serve in rural or remote areas, some of the States have made provision for incentives like special allowances, rent free accommodation, preference for admission in Post-Graduate Courses etc. Similarly, under the Central Services also some incentives like liberal grant of study leave and posting in areas of their choice after serving in rural areas, are stated to have been provided. The Committee desire that these incentives may be continued and improved upon so that experienced doctors are attracted to work in rural areas.
9.	1.38	The Committee would like Ministry to examine the possibility of introducing a scheme under which mobile dispensaries could be provided to the rural areas for Pathological tests like blood, urine and stools tests etc. so that the people living in far flung and remote areas, not connected with adequate transport facilities, are able to avail themselves of these facilities.
10	1.44	The Committee were disappointed at the statement of the Health Secretary before them that although the country had a large stock of health manpower in various systems other than Alopathy e.g. Ayurveda, Unani, Siddha, Homeopathy, Yoga and Naturopathy yet these resources had not so far been adequately utilised, although practitioners of these systems are known to have high local acceptance and respect in the community. It is only lately that the Ministry of Health have started laying emphasis on Indian systems of medicines, which the Committee welcome. The plan outlay for these systems during the 5th Plan was Rs. 12.50 crores whereas in the 6th Plan it was raised to Rs. 29 crores. The Committee desire that keeping in view the goal of health for all by the turn of the centuary, all available resources should be harnessed effectively and for this purpose there should be far greater

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		allocation in future plans for the Indian systems of medicines.
11	1·45	State Governments have the discretion to decide which system of medicines they should have in the dispensaries they set up. Health Secretary stated that "U.P. Government was one State which appointed every third doctor from Ayurveda and Unani systems. Allopathic doctors got a stay order from the Allahabad High Court, as a result they are not able to appoint anyone". The Committee recommend that Ministry should find a way out and if necessary State Governments should be advised to bring forward legislation so as to acquire power to choose any of the various medical sysytems for the new dispensaries they set up and for appointment of adequate number of medical personnel to man them.
12	1.59	The Committee are perturbed at the size of the population affected by major diseases like Tuberculosis (10 million) Leprosy (3.5 million) Malaria (1.2 million) and Polio in the country, which take a heavy toll of life year after year. Today T.B. is the largest killer and 5 to 6 lakh people are estimated to die of T.B. every year. The present system for detection and cure of the disease and the funds available therefor' are admittedly totally inadequate. The Committee find that while programme of control of Leprosy is funded 100 per cent by the Central Government, the Plan expenditure on Malaria Eradication Programme and Tuberclosis control is shared with States on 50 : 50 basis. The Committee recommend that the T. B. Control Programme should be given top priority and it should be a centrally sponsored programme fully funded by the Centre. The districts roughly about 50 where there are no TB Centres should be equipped with such Centres within the current Plan period.
13	1.76	The All India Institute of Physical Medicine and Rehabilitation, Bombay is reported to be a pioneer

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		Institute in the field of rehabilitation in the whole of South East Asia. During an on-the-spot study of the institute the Study Group of the Committee found that, though over the years the role and functions of the Institute had expanded, but it was languishing for want of funds. Health Secretary, however, assured the Committee in evidence that "we will make a positive effort to provide assistance and funds". The Committee would await the concrete action taken in this regard to enable the institute to carry on its useful work in the field of rehabilitation of the physically handicapped without serious constraints. The construction of the building for the expansion of the institute should also be taken up early as it has been agreed to by the Bombay Municipal Corporation.
14	1.77	A scheme of setting up limb fitting centres in 26 medical colleges in the country has been taken up with an allocation of Rs. 6 lakhs to each such college. Out of these 26 centres, 15 have already been commissioned and for the remaining 11 the work is in progress. The Committee desire that this work should be completed without delay. The Committee would like the Ministry to examine feasibility of extending this scheme to all the 108 medical colleges in the country in a phased manner.
15	1.78	The Committee greatly appreciate the idea of establishing a Central Institute of Trauma in the premises of the All India Institute of Medical Sciences. This is absolutely necessary in view of alarming increase in deaths due to accidents. The scheme should be taken up for implementation without delay and gradually extended to other important towns.
16	1.79	The Committee note from the memorandum of the Indian Association of Physiotherapists that this class of medical professionals has developed into a distinct suppr-speciality and they have diagnostic, therapeutic and prognostic responsibilities. In view of this position they have demanded a separate statutory Council for them. The Committee have

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		been informed by the representative of the Ministry that the Ministry has a proposal for constituting a separate Council for para medical Rehabilitation Profession but the legislation in this regard requires concurrence of the State Governments. He added : "our attempt is to have separate Council for them but it takes a little time to get the concurrence". The Committee desire that this process should be speeded up and necessary legislation put through. The Committee further suggest that the proposed legislation should provide for a separate cell for each of the constituents of the para medical Rehabilitation Profession.
17	1.80	The association of the Physiotherapist have also referred to the inadequate promotional avenues and their pay scales being not commensurate with their status and responsibilities. As admittedly "Physiotherapists and occupational therapists are crucial today in the field of medicine and physical rehabilitation", the Committee expect that the Ministry will carry out each of the assurance made before the Committee that "we will certainly ensure that their legitimate interests are taken care of..... we will be too happy to create selection grade, higher grades for them". The Committee feel that an entrant to Government service should have at least three promotions during his entire career. This principle should be applicable to physiotherapists also. They further desire that the physiotherapists should be given an independent and appropriate status.
18	1.81	The demand for grant of non-practising allowance to physiotherapists appears to the Committee to be reasonable. They accordingly desire that this issue should be carefully considered by the Ministry. If it is not found feasible to grant them non-practising allowance they ought to be permitted to undertake Private Practice, which could improve their skills.

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19	2.31	Universities whose medical qualifications have been recognised by the MCI can establish new colleges without prior permission of the MCI. The MCI can only inspect these colleges and see whether clinical facilities for training of students and staff etc., are adequate. The Medical Council can only advice such colleges to provide the requisite facilities but many of the colleges in many states do not care for the Council's advice. There is an instance of an Institution namely Guru Gobind Singh Medical College in Faridkot. This college lacks facilities for clinical and practical training and the MCI has been issuing directives. But those directives were ignored by the College. Health Secretary informed the Committee that arrangements have been made by this College for clinical training of its students in medical colleges in Amritsar and Patiala. The State Government has however, promised that a hospital for the purpose of training of students of this college will be put up by 1983. This must be ensured.
20	2.32	The Committee have come across a peculiar practice with regard to admissions to Post-Graduate Courses in the medical colleges in Rajasthan. Here the admission to the Post-Graduate courses is more or less made on the basis of marks obtained by the candidates in the MBBS examination. But 5% weightage is given to the candidates of the local colleges, with the result that candidates from outside getting higher marks, are unable to get admissions. MCI has drawn the attention of the State Government Medical Authorities as also the colleges about this wrong practice but without avail. The Health Secretary assured the Committee that he would be taking up this matter with the State Government soon. The Committee would like to be apprised of the outcome.
21	2.33	Government had set up a Medical Education Review Committee to look into the entire gamut of medical education-admission procedure, internship,

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		residency etc. That Committee has already given part of its Report. The said Committee has recommended that there should be a common entrance examination for medical admissions. The Committee endorse this recommendation and desire that further concrete steps should be taken in this direction without further delay.
22	2.34	There have been reports that some of the medical colleges have increased the number of seats without the approval of the MCI, irrespective of the fact whether the colleges had adequate training and clinical facilities or not. The Committee feel that MCI ought to have powers to regulate the intake according to the facilities available.
23	2.35	The Committee are perturbed to note that as many as nine medical colleges in the States of Karnataka, Andhra Pradesh and Punjab had been charging large sums in the shape of capitation fees for admission to the medical courses. It is indeed deplorable that this unhealthy practice continues despite all persuasive methods adopted to stop it. The Committee feel that legislative compulsion is the only solution to this problem. They would accordingly recommend that the question of banning this practice by a central law may be re-examined by the Ministry in consultation with the Ministry of Law.
24	2.36	The Committee note that the Medical Education was placed in the Concurrent list by the Constitution (42nd Amendment Act) 1976 which became effective from 3rd January, 1977. Though the Medical Council of India has been established under a Central Act the Council suffers from lack of adequate powers in ensuring standards in medical education in the country. The issues dealt with in the foregoing paragraphs would amply demonstrate the limitation of the MCI. Commenting on the situation Health Secretary stated that the Medical Council could only recommend derecognition of the medical qualifications

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		of the defaulting colleges. He also conceded that even in matters like formulating such recommendations on which Government could act, the procedures are cumbersome. Such decisions of MCI are required to be approved by the General Body of the Council which meets only once in a year. Health Secretary however, assured the Committee that a proposal to bring forward a comprehensive legislation to amend MCI Act has been concretised by the Government to provide adequate Powers to the Council as also the Government to act effectively. The proposed amending legislation would reportedly provide powers to the MCI in matters like recognition of existing and new colleges, admissions, capacity of teaching, reservations, scales of fees to be charged etc. The Committee desire that the legislation to amend the MCI Act should be introduced in Parliament without any further loss of time.
25	2.41	A very disquieting feature is that a number of quacks, and unqualified/under qualified "doctors" are practising in the country. This should not go on unchecked and unpunished. The horrible instances of blindness caused to a number of gullible people in Rajasthan by eye operations performed by quacks, are loathsome and revolting. The Committee strongly recommend that performance of operations, particularly eye operations, by unqualified/under qualified persons should be made a cognisable offence and law should be amended soon making provision for more stringent punishment. Further in regard to practice by unqualified medical practitioners the penal provisions of the law *viz.* MCI Act 1956 should be vigorously enforced.
	2.42	The Committee would in particular invite the attention of the Ministry to the existence of an establishment calling itself 'Adarsh Netra Chikitsalya', Hansi Gate, Bhiwani (Haryana) which, it is alleged, is not run by any qualified doctor and yet it is performing eye operations. The Committee would like

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		the Ministry to make an inquiry into the matter and take suitable action:
26	3.7	The Committee note that the allocation of funds for medical research is around Rs. 10 crores for the annual plan of 1982-83 apart from Rs. 5 crores from non-plan funds. Secretary General, ICMR testified before the Commiitee that 'medical research does not have substantial funds.' As medical research is intimately connected with medical relief and education, it deserves greater attention being paid and provision of more funds therefore.
27	3.11	There does not appear to be any in-built system to periodically review the progress of on-going research projects and adjudge the success or contribution of individual scientists who are engaged on various projects. While the Committee agree that in matter like medical research no targets can be fixed for results, they feel that it should be possible to evolve an inbuilt system for assessment of the on-going research projects so as to ensure purposeful utilisation of research potential and funds. The Committee desire the Ministry to direct the ICMR to give a serious thought to this observation of the Committee and take steps to evolve such a system.
28	3.17	There can be no two opinions about the need to find, nurture and encourage research telent. Director General, Indian Council of Medical Research told the Committee in evidence that the Council had formulated a certain approach for attracting talent in the field of medical research, *viz.* 'Talent Search Scheme' through which the best among the graduates in medicine (MBBS) are sought to be attracted to one of the disciplines in medical research and 'Supernumerary Research Cadre Scheme' to provide opportunities to Indian Scientists working abroad to join the research effort in India. While the achievement in regard to the former scheme is stated to be modest, no Indian scientist working abroad could be enlisted for research yet. Director General, ICMR stated

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		that about 29 Indian scientists from abroad had sent in their bio-data which was being looked into. The statement of the Director General that 'I do not say that we have broken the ice but something is happening' is significant and shows that much more is needed to done in this direction. The matter for providing incentives to attract able people to have career in medical research is stated to be before the Scientific Advisory Committee of the Cabinet. The Committee desire that the matter should be considered early and steps taken to make the career in medical research really attractive for talented persons.
29	3.20	Though in order to encourage research in indigenous drugs, the Central Council for Research in Indian Medicine and Homeopathy and Central Council for Research in Ayurveda system have been set up, the results are not very encouraging. It transpired during examination by the Committee that research on "Gumgugal Gammaphera Mukul" which is known to reduce that blood cholesterol level is at controlled clinical trial stage and has yet to find a place in the Pharmacopoeia. "Jatamansi" is another indigenous product trial on which is still on. The Committee recommend that research efforts in Indian systems of Medicine should be intensified to achieve quicker results.
30	4.7	The Committee note that though like a University the AIIMS, New Delhi and PGI, Chandigarh do award degrees, they do not enjoy the status, powers and autonomy of a University. The Committee agree that as these Institutes have a vital role to play in medicare, they stand on a different pedestal and cannot be compared to a University. The Committee would, nevertheless, recommend that these two Institutes should be allowed adequate autonomy to enable them to function independently in academic matters and without undue interference from outside in their day-to-day working in regard to other matters.
31	4.7A	The Committee further recommend that composition of the Governing/Institute Bodies of the AIIMS,

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		New Delhi and PGI, Chandigarh should truely reflect the national character of these Institutions and that doctors who are practising locally at Chandigarh and Delhi should not be associated with these Bodies. The Committee attach great importance particularly to this recommendation and would expect expeditious action in this regard.
32	4.22	AIIMS, New Delhi and PGI, Chandigarh have published a number of books/Scientific Journals which contain innovations in the field of medical education and have held Workshops and Symposia etc. for the benefit of medical teachers in other Colleges in the country. There is, however, a weight in the observation of Mehta Committee about the absence of systematised mechanism for dissemination of the achievements of these Institutes. The Committee desire the Ministry to direct the Institutes to evolve appropriate mechanism and procedures in this behalf at the earliest.
33	4.23	The Committee understand that there is a proposal to convert AIIMS, New Delhi and PGI, Chandigarh into referral Hospitals. The Committee wish to point out that if such a proposal is accepted and implemented, it would deprive the public in Delhi and Chandigarh of the specialised medical services at present available in the hospitals attached to these Institutes. The Committee recommend that the present system should not be changed. The Committee further suggest that establishment of institutes like the AIIMS, New Delhi and PGI, Chandigarh in all regions of the country.
34	4.24	The Committee find that while the AIIMS, New Delhi conducts undergraduate courses, PGI, Chandigarh does not. The Review Committee is understood to have suggested that Under-Graduate Courses run by AIIMS, New Delhi should also be phased out. If the undergraduate courses are phased out at AIIMS, the Committee feel that this Institute will not be able

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		to achieve one of its objectives namely setting an example of excellence in under-graduate teaching to other medical institutions in the country to emulate and there will not be any scope for new experiments and innovations in the methods of teaching and assessment of courses of study in the under-graduate medical education.
35	4.25	The Committee find that out of 45 students admitted by AIIMS for MBBS Course in 1982, 25 were from Delhi and out of 115 students admitted for post-graduate courses, 34 were from Delhi. Though the Committee have been assured that admissions to these courses are made on the basis of open competitive examination and there are no interviews or personality tests, they would like to caution utmost objectivity should be observed in admission so that no one carries an impression that AIIMS or for that matter PGI, Chandigarh has lost its All India Character. The Committee recommend that advertisements for admission to under-graduate/Post-Graduate courses should be inserted not only in all the national dailies but also in leading regional dailies to ensure wider coverage.
36	4.26	The Committee note that there is a proposal, endorsed by the Review Committee, that the post graduate teaching and training programmes in AIIMS, New Delhi and PGI, Chandigarh should be phased out and these Institutes should devote to the specific objective of upgrading the skills of the existing manpower, imparting education in latest techniques and transfer of knowledge to the medical teachers sponsored by the States. According to the Health Secretary, Review Committee's recommendations in this regard are still before the Institute body. He, however, opined that the practical view would be that the Institutes continue to produce outstanding candidates with post graduate qualifications and at the same time provide for in-service training in specialised skills to sponsored teachers/research scholars from various

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		Institutes in the country. The idea is to marry both the advantages. The Committee are in agreement with these views.
37	4.35	It is indeed surprising that there is no standarised procedure for keeping a track of the specialists and super-specialists which come out of the AIIMS, New Delhi and PGI, Chandigarh. The Committee recommend that a system should be evolved with a view to ensuring that their talents are utilized properly in the country.
38	4.36	While admitting that some Members of the Faculty of AIIMS, New Delhi and PGI, Chandigarh had left for betterment of their prospects elsewhere or for private practice, the Ministry of Health have denied that resignations of such faculty members were due to "any victimisation" or "because of alleged group politics". Whatever be the case, the fact remains that either the Faculty Members were dissatisfied with their service conditions or did not enjoy the academic freedom to carry on their task. The Committee desire that Government should investigate the circumstances under which senior faculty members of specially PGI, Chandigarh, resigned during the last five years and on the basis of the findings thereof toke steps to create conditions in which there could be harmonious functioning of the faculty.
39	4.36A	The Committee have been assured by the Ministry that the Government and the Institutes are making efforts to better the prospects of the members of the faculty by providing "running scales of pay and accelerated promotions". The Committee feel that this matter should not hang fire any more and that an early decision should be taken on related matters to avoid any frustration on this account.
40	4.42	The Committee note the findings of the Review Committee brought to their notice that most o the research work carried out in AIIMS, New Delhi and PGI, Chandigarh, is merely duplication of what has

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		been done elsewhere earlier. Health Secretary, however, held the view that the research in these Institutions is related to what is nationally important and is not basic research, that is why it was repetitive. According to him, such repetitions could not be avoided because the spectrum and severty of diseases differed in different geographic areas and different ethnic groups. The Committee desire that a system should be evolved whereby there is coordination and exchange of data etc., amongst the Institutes conducting research within the country.
41	4.59	It transpired during evidence that no separate statistics of rural and urban patients treated in the Hospitals of AIIMS, New Delhi and PGI, Chandigarh are being maintained. The Committee feel that it would be useful to compile such statistics.
42	4.60	The Committee are concerned to note that though cases of fire accidents in and around Delhi are increasing, the AIIMS, New Delhi has no Burns and Plastic Unit. The Committee regard this as a serious shortcoming and recommend that such a Unit be set up soon.
43	4.61	The Committee find that at PGI, Chandigarh there has been under-utilisation of funds in the Department of Super Speciality of Gastroenterology since its inception i.e. from the years 1976-77 to 1981-82 excepting during 1978-79. During the period 1976-77 to 1981-82 the Department could utilise only Rs. 10.89 lakhs out of total grant of Rs. 38.28 lakhs. Reasons advanced by the Ministry are non-creation of posts required by the Department and non-utilisation of beds for want of space. The Committee are surprised that no steps have been taken in this direction for all these years. That shows an attitude of indifference on the part of Institute authorities. The Committee recommend that corrective steps should be taken without any further delay.
44	4,62	The Committee find from the reported observation of the Review Committee that both, AIIMS,

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		New Delhi and PGI, Chandigarh were expected to set up rural health centres to expose medical, dental and para-medical students to the health care problems of the rural population and make them aware of the conditions in which they would be required to work. The Review Committee is stated to have inspected the Centres set up by the Institutes and have found that 'both have failed to gain this objective even partially". Health Secretary stated that 'a communication gap seems to have prevented adequate appreciation' by the Review Committee. It is difficult for the Committee to accept Health Secretary's view in the face of a finding of the Review Committee made after an on the spot inspection of the Centres. The Committee regret that this vital objective of the Institute is not being achieved even partially. The Committee would like the Ministry to see that the AIIMS and PGI take concrete steps in pursuance of this objective.
45	4.63	The Committee note that waiting period for patients for special radiology investigations and cardiac cathederisation in PGI, Chandigarh and Delhi hospitals is quite long. It varies from one month to 1½ months in certain Departments while it is as much as 6 months in the Department of Cardiology. Reasons ascribed to this situation are stated to be large number of patients coming up for such investigations and 4-6 hours taken for each special investigations in Radiology. The Committee cannot but express concern over such delays in these specialised investigations. In the Committee's view, if the waiting period are unduly long, the possibility of diseases becoming chronic or incurable or proving fatal cannot be ruled out. The Committee, therefore, urge that hospital services in these two Institutes should be so organised that the waiting period for investigations is the barest minimum.
46	4.64	According to the Ministry of Health lack of civic sense in patients and their attendants is the main cause of insanitary conditions in hospitals of AIIMS,

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		New Delhi and PGI, Chandigarh. The Committee recommend that if it is not possible for the sanitary staff of the hospital to ensure sanitation, outside agencies may be given contracts for maintaining cleanliness to begin with in a few wards in the hospitals on experiemental basis. This system, if found successful, could later on be extended to other hospitals in Delhi also.
47	4.65	The Committee find that as against their bed strength of 1011 and 774 respectively, AIIMS, New Delhi and PGI, Chandigarh have made arrangements for the boarding and lodgings of 130 and 65 attendant of patients only. This, by any standard, is not at all adequate. The Committee can well imagine the hardships that attendants of the out-of-town patients admitted in these Hospitals must be facing in finding shelter. AIIMS, New Delhi is understood to be planning expansion of the existing facilities to accommodate at the most 75 more persons. The Committee feel that if the Institutes find it difficult to raise accommodation from their own funds, they should tap voluntary/Philanthropic agencies within the country and abroad for help in this humanitarian task. The Committee desire that there should be Dharamshalas with adequate accommodation and good sanitary facilities for the attendants of patients of these institutions.
48	4.66	During the course of their on the spot visit to PGI, Chandigarh, it was represented to the Committee that the area adjacent to the PGI complex, should be handed over to it for its expansion. In the area adjacent to the PGI, the Military Authorities are running a Hospital. But the Military Hospital is going to be shifted from there. The land and buildings at present occupied by the Army Hospital should be transferred to the PGI. The PGI is in dire need of more space and Buildings.
49	4.71	Health Secretary conceded in evidence the fact that modern management concepts and overall medical

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		audit etc., are not present in AIIMS, New Delhi and PGI, Chandigarh. The Committee were informed that these aspects are looked after by various Committees e.g. the Drug Purchases Committee, the Surgical Store Purchases Committee, Linen and General Stores Purchases Committee etc. The purchases of equipments is stated to be centralised. The Committee feel that as premier Institutes in the medical field, AIIMS & PGI should set an example to other medical institutes by taking to modern management techniques which would not doubt entail some expenditure but will be an investment for future and could result in functional efficiency and savings in the long run.
50	4.72	The Committee note that equipment worth Rs. 6.42 lakhs is lying idle in various departments for years together in PGI, Chandigarh. Ministry's explanation is that most of it has outlived its normal life and is required to be condemned. Spare parts are not available for some equipment and the concerned firms have stopped manufacture of those models. Efforts are stated to be on for repairing the equipment wherever spares are available. The Committee recommend that utmost care should be taken by the authorities concerned in procurement of equipment and purchase of obsolete models avoided. Timely decisions should also be taken for condemnation/disposal of unusable equipment.
51	5.7	The Committee note that an Inquiry Committee under the Chairmanship of Dr. K.N. Rao, former Director-General of Health Services, was appointed to review the working of hospitals in Delhi with a view to improving the facilities for medical, surgical and specialist care and that the report of the Committee was submitted in April, 1968. They are surprised that the relevant files in which the report had been dealt with are not readily avilable and therefore it has not been possible for the D.G.H.S./Ministry of Health to give detailed information in regard to follow-up

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		action taken on the recommendations of that Committee. The Ministry have quoted the DGHS's statement that "to the best of their knowledge the findings of the Dr. K.N. Rao Committee were not offiicially accepeted by the Government" and that "the suggestions made by the Committee are being followed in the Central Government Hospitals in one form or the other but the question of formal implementation of these recommendations does not appear to have been finally decided." The Committee cannot but deplore this casual approach to the Reports of Comittee set up by Government on the production of which considerable time and money have been spent. They would like the Ministry to expeditiously examine, if necessary *de novo*, each recommendation of Dr. K.N. Rao Committee and, in the case of such recommendations as are accepted by the Government, take concrete follow-up action. This process should be completed within the next six months under intimation to the Committee.
52	5.8	A former DGHS told the Committee that the state of Delhi hospitals and health situation in Delhi remains to be as it was in 1968 and that with the increase in population and others factos, the situation is probably worse. Conditions in hospitals are deplorable, even in Emergencies; heart patients are made to lie in the corridors; insanitary conditions lead to infections and drugs are not available. Worn out and dirty mattresses and linen are a common spectacle in Hospital Wards contributing to unhyginic conditions. The Committee recommend that a survey should be conducted by the Senior Officers of the Ministry to locate areas of deficiency in all the Delhi hospitals at the earliest and time bound measures evolved to bring about all round improvements. The details and the results of such an exercise should be communicated to the Committee, within six months. The Committee would, in particular, recommend that mattresses and Pillows should be changed at fixed periodic intervals. Washing plants of adequate capacity should be

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		installed in all the hospitals, wherever not available. The colour of the bed sheets and pillow covers should be such as would not be dull, drab and depressing to the patients. The Committee would appreciate if these suggestions could be communicated to the State Hospitals also.
53	5.22	The Committee understand that the difficulties are being experienced by AIIMS and various other hospitals in procuring imported, or imported material based for life saving and other essential drugs. With regard to a suggestion that these drugs should also be imported through a centralised agency, Health Secretary stated that the difficulty was that many of these drugs were branded drugs and each specialist preferred a certain brand made by a certain foreign manufacturing company. Nevertheless, the Committee, desire that the Government may give a serious consideration to the suggestion of import of these drugs through a centralised agency in order to obviate difficulties experienced by the hospitals/consumers. That agency can, however, go into the question as to which of the formulations are most effective and popular among the doctors/specialists which could be imported.
54	5.23	The IDPL has indicated that the total purchases on account of hospital business in the country is to the tune of Rs 450 crores. Out of which business according an account of IDPL range of products was around 220 crores, Central Government purchases accounting for Rs 70 crores and State Government purchases accounting for around Rs 150 crores. But, the present share of business enjoyed by the IDPL in the Central Sector is to the tune of only Rs 8 crores and in the State sector only Rs 34 crores. Prices of drugs and formulations of IDPL are stated to be fixed by Government themselves after cost study by Bureau of Industrial Cost and Prices. The Committee recommend that other things like price and quality being equal, preference should be given to the purchase of drugs from the Public undertakings. The committee

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		further recommend that the possibility of a Centralised drug Purchasing agency under the Ministry of Health rather than going through the DGS&D should be explored.
55	5.27	The Committee have been informed that recruitment to Junior Class I Post of the Medical Service through UPSC takes more than a year to materialise. Recruitment to Specialists Grades too involves a delay of 4-6 months. After names are recommended by the U.P.S.C. it takes another 3—4 months to complete formalities like character verification and medical examination. The result is that Central Hospitals remain under-staffed for long periods. The Committee strongly urge that other the delays in recruitment should be reduced. One of the reasons contributing to delays is the requirement to verify the Character antecidents of candidates before their appointment. The Committee suggest that the Ministry of Health may take up with the Ministry of Home Affairs/Department of Personnel the question of appointments being made subject to police verification which may be got done after the appointment.
56	5.28	With regard to delay in recruitment of paramedical staff, the Ministry has stated that it occurs due to failure on the part of employment exchange to make available sufficient number of eligible candidates and non-availability of ST/SC candidates possessing requisite qualifications. The Committee suggest that a time limit may be fixed for the employment exchanges to send nominations failing which recourse may be had to making recruitment from the open market.
57	5.29	The Ministry in their reply to an observation contained in 22nd Report (1981-82), informed the Committee that "comparatively small percentage of the candidates recommended by the UPSC for CGHS have joined their posts" The percentage of candidates who joined CGHS ranges from 22 to 40. In Committee's view lack of adequate promotional avenues is one of the major reasons for lack of enthusiasm among doctors for joining Central Services. The Committee therefore reiterate their earlier

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		recommendation in para 1.33 of their 38th Action Taken Report (1982-83) that doctors and members of para-medical staff should get atleast three promotions in their entire career.
58	5.32	The Committee find that there are wide variations in the Doctor-patient ratio in Central Hospitals in Delhi. While the doctor-patient ratio in Lady Harding Hospital and Dr. RML Hospital is 1 : 3 and 1 : 3.19 respectively, the ratio is 1 : 8 in the case of LNJPN Hospital and 1 : 13 in the case of Safdarjung Hospital. There are no prescribed norms for Doctor-patient ratio or for nurse-patient ratio. The Ministry of Health have placed that as requirement of Doctors vary from Department to Department and from service to service "it is not possible to fix a combined and unified criteria or norms for providing doctors/ nurses in all the hospitals." The Committee are not prepared to accept this contention. The Committee recommend that if norms cannot be fixed for the Hospital as a whole, attempt should be made to lay down norms Department/service-wise.
59	5.36	The Committee find that the 6th Plan had provided for setting up of two 500-beded and three 100 beded hospitals in Delhi. The Committee recommend that these Hospitals should be set up soon to relieve pressure on existing Hospitals in Delhi.
60	5.37	The Committee underline the need for an increase in the circulation area of Out-patient Departments in the Delhi Hospitals which are at present highly overcrowded and desire that ways and means may be explored to make suitable additions to this area.
61	5.41	The Committee are distressed to find gross under-utilisation of plan funds in respect of the hospitals run by the Central Government in 5 years during the period 1976-82. One can imagine to what extent the augmentation of facilities for medical relief could have been retarded by the inefficiency of the authorities. Shortfalls in expenditure and surrenders of funds in this vital sector of Health, are highly deplorable. The Health Secretary assured the Committee that "in future our efforts will be to see that we do not allow a single pie to lapse."

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